

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701578 (7)

1. Corporation Name

OAK HILL BAPTIST CHURCH OF GAINESVILLE, FLORIDA,
INC.

Principal Place of Business

Mailing Address

800 N.W. 40TH AVENUE
GAINESVILLE FL 32609

800 N.W. 40TH AVENUE
GAINESVILLE FL 32609

910 R. MAX WILLOCKS
1930 NW 12TH RD.
GAINESVILLE, FL 32605



2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
	29
	30

3. Date Incorporated or Qualified	3a. Date of Last Report
10/21/1960	03/02/1995
4. FEI Number	Applied For
59-2469417	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLOCKS, R. MAX
1930 N.W. 12TH ROAD
GAINESVILLE FL 32605

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLOCKS, R. MAX	1.2 NAME	
STREET ADDRESS	1930 N.W. 12TH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALBROOK, LOUISE	2.2 NAME	
STREET ADDRESS	TURKEY CREEK, 3300 PALMETTO DR., UNIT 2	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASHER, CONNIE	3.2 NAME	SD KING, CONNIE
STREET ADDRESS	3907 S.W. 162ND STREET	3.3 STREET ADDRESS	Route 4, Lot # 16, P.O. Box 2875
CITY-ST-ZIP	ARCHER FL 32618	3.4 CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, EDITH	4.2 NAME	
STREET ADDRESS	RT. 3, BOX 156	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, EUNICE	5.2 NAME	
STREET ADDRESS	1119 N.W. 40TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPP, DOROTHY	6.2 NAME	
STREET ADDRESS	3907 S.W. 162ND STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL 32618	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Max Willocks

April 15, 1996

Date

Daytime Phone #

CR2E037 (12/95)