


FILE NOW: FILING FEE IS \$61.25

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Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>701578</b> (7) 1. Corporation Name <b>OAK HILL BAPTIST CHURCH OF GAINESVILLE, FLORIDA, INC.</b>			
Principal Place of Business <b>800 N.W. 40TH AVENUE GAINESVILLE FL 32609</b>		Mailing Address <b>1930 NW 12TH RD GAINESVILLE FL 32605-5338 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified <b>10/21/1960</b>		3a. Date of Last Report <b>04/17/1996</b>	
4. FEI Number <b>59-2469417</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent  <b>WILLOCKS, R. MAX 1930 N.W. 12TH ROAD GAINESVILLE FL 32605</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	WILLOCKS, R. MAX		
STREET ADDRESS	1930 N.W. 12TH ROAD		
CITY - ST - ZIP	GAINESVILLE FL 32605		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	KING, CONNIE		
STREET ADDRESS	RT 4 LOT 16 PO BOX 2875		
CITY - ST - ZIP	LAKE BUTLER FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	RILEY, EDITH		
STREET ADDRESS	RT. 3, BOX 156		
CITY - ST - ZIP	ALACHUA FL 32615		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	LEWIS, EUNICE		
STREET ADDRESS	1119 N.W. 40TH AVENUE		
CITY - ST - ZIP	GAINESVILLE FL 32609		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SAPP, DOROTHY		
STREET ADDRESS	3907 S.W. 162ND STREET		
CITY - ST - ZIP	ARCHER FL 32618		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>R. Max Willocks</i> <b>March 6, 1997</b> 352-277-1624			

CR2E037 (9/96)