2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2006 08:00 AM Secretary of State

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1. Entity Name

FIRST BAPTIST CHURCH OF OAK HILL, FLORIDA, INC.



Principal Place of Business

192 E HALIFAX AVENUE

P.O. BOX 89

OAK HILL, FL 32759-9597

Mailing Address

192 E HAUFAX AVENUE

P.O. BOX 89

OAK HILL, FL 32759-9597



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

59-2338528

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E037 (11/05)

5. Name and Address of Current Registered Agent

GRICE, JIMMIE L 150 LEWIS STREET EDGEWATER, FL 32141

DO NOT WRITE IN THIS SPACE

	the obligations of registered agent.	iging its registered office of registered agent, or do	ini, in the State of Florida. T	em temiller with, and eccept
316	NATURE			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)		7Ē

Filing Fee is \$61.25

4587 SHADY OAKS LN

EDGEWATER, FL 32141

Election Campaign Financing
Trust Fund Contribution.

\$5.00 May 8e Added to Fees

Due by May 1, 2008 10. OFFICERS AND DIRECTORS TITLE GEIGER, BRENDA NAME STREET ADDRESS 241 N GAINES ST CITY-ST-ZIP OAK HILL, FL 32759 me NAME GRICE, JIM STREET ADDRESS 160 LEWIS STREET CITY-ST-ZIP OAK HILL, FL TITLE

1000000493241 04/19/06-80096-019 61.25

CORBETT, PAUL

174 POINCIANA RD

EDGEWATER, FL 32141

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME

TITLE

NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY+ST+2IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-21P

CITY-ST-ZIP

THE AND TYPES ON FAINTED HAME OF STOMING OFFICER ON DIRECTOR

A LOTUS Date Deptine Phone #