


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90097 023 ****61.25

DOCUMENT # 712955	
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 HALIFAX AVENUE P.O. BOX 89 OAK HILL, FL 32759-9597
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40101003



04242007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2338528	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRICE, JIMMIE L 150 LEWIS STREET EDGEWATER, FL 32141		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEIGER, BRENDA 241 N GAINES ST OAK HILL, FL 32759 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL DAVIS 151 William St Edgewater FL 32141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRICE, JIM 160 LEWIS STREET OAK HILL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBETT, PAUL 174 POINCIANA RD EDGEWATER, FL 32141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVEY, RONNIE 4587 SHADY OAKS LN EDGEWATER, FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jimmie L. Grice **Jimmie L. Grice** 4/29/07 386-345-3726

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

**ATTACHMENT**

40101004

Division of Corporations**Annual Report**[Annual Report Help](#)Document Number
712955

Business Entity Name

FIRST BAPTIST CHURCH OF OAK HILL, FLORIDA, INC.FEI Number **592338528**FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**Address **192 E HALIFAX AVENUE**
Suite, Apt. #, etc.
City, State **OAK HILL**, **FL**
Zip Code & Country **327599597****Mailing Address**Address **192 E HALIFAX AVENUE**
Suite, Apt. #, etc. **P.O. BOX 89**
City, State **OAK HILL**, **FL**
Zip Code & Country **327599597****Name and Address of Registered Agent**Name (Last, First, Middle, Title) **GRICE**, **JIMMIE**, **L****- OR -**

Business to serve as RA

Address (PO Box is not acceptable) **160 LEWIS STREET**

Suite, Apt. #, etc.

City, State **EDGEWATER**, **FL**Zip Code & Country **32141** **US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

T

Name (Last, First, Middle, Title)

DAVIS

PAMELA

- OR -

Entity Name to serve as
Officer/Director

Street Address

151 WILLIAM ST

City, State

EDGEWATER

FL

Zip Code & Country

32141

Title

D

Name (Last, First, Middle, Title)

GRICE

JIM

- OR -

Entity Name to serve as
Officer/Director

Street Address

160 LEWIS STREET

City, State

OAK HILL

FL

Zip Code & Country

Title

D

Name (Last, First, Middle, Title)

IVEY

RONNIE

- OR -

Entity Name to serve as
Officer/Director

Street Address

4587 SHADY OAKS LN

City, State

EDGEWATER

FL

Zip Code & Country

32141

Title

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature JIMMIE L GRICE

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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