

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90030 033 ****61.25

DOCUMENT # **N00000003700**
1. Entity Name
Oakhill POA INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2050 SW 66th St Suite, Apt. #, etc.		3. Mailing Address PO Box 4018 Suite, Apt. #, etc. Ocala, Fla	
City & State Ocala Fla		City & State	
Zip 34476	Country USA	Zip 34478	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name JOAnn P Van Hyning Street Address (P.O. Box Number is Not Acceptable) 2050 SW 66th St City Ocala FL Zip Code 34476		

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres/Dir JoAnn Van Hyning 2050 SW 66th St Ocala FL 34476	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec/Dir Tom Van Hyning 2050 SW 66th St Ocala FL 34476	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dw morton 1045 W MAIN ST, INVERNESS FL 34450	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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12. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *JoAnn Van Hyning* **1/17/02** **352-2370788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)