

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003700

1. Entity Name
OAK HILL POA, INC.



Principal Place of Business
**2050 SW 66 ST
OCALA, FL 34476**

Mailing Address
**P.O. BOX 4018
OCALA, FL 34478**

DO NOT WRITE IN THIS SPACE



07132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VAN HYNING, JO ANN P
2050 SW 66TH ST
OCALA, FL 34476**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
VAN HYNING, JO ANN P
2050 SW 66TH ST
OCALA, FL 34476**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
VAN HYNING, TOM
2050 SW 66TH ST
OCALA, FL 34476**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MORTON, J W
1645 W MAIN ST
INVERNESS, FL 34450**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000166759
07/16/04-80009-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 either like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jo Ann P Van Hyning **JO ANN P VAN HYNING** 7/13/04 352-3615771