

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90502 024 \*\*\*\*65.00

**DOCUMENT # N13391**

1. Entity Name

ONEAL MEMORIAL BAPTIST CHURCH, INC.



Principal Place of Business

PO BOX 70  
3859 E. STATE ROAD 200  
FERNANDINA BEACH FL 32034  
US

Mailing Address

PO BOX 70  
3859 E. STATE RD. 200  
FERNANDINA BEACH FL 32034  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SIMMONS, JOHNNIE  
37 L.S. MORRISON DR.  
PO BOX 70  
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-2904562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	AUTRY, GARY	
STREET ADDRESS	HWY A1A, P.O. BOX 1025 N/A	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SIMMONS, JOHNNIE	
STREET ADDRESS	37 L.S. MORRISON DR.	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JEFFERSON, DENISE S.	
STREET ADDRESS	8746 6TH AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOX, MICHAEL	
STREET ADDRESS	43 MORRISON DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRING, GEORGE F	
STREET ADDRESS	PO BOX 336	
CITY-ST-ZIP	YULEE FL 32041	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, WILLIAM	
STREET ADDRESS	609 S 14TH ST.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Albertie, Sherrie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	516 North 11th Street	
STREET ADDRESS	Fernandina Beach, Fl 32034	
CITY-ST-ZIP		
TITLE	Jenkins, Glenda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	37 L.S. Morrison Dr.	
STREET ADDRESS	Fernandina Beach, Fl 32034	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: Johnnie Simmons Johnnie Simmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

Date

904.277-2606

Daytime Phone #