



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90131 027 \*\*\*\*61.25

<b>DOCUMENT # N13391</b> 1. Entity Name <b>ONEAL MEMORIAL BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>PO BOX 70 3859 E. STATE ROAD 200 FERNANDINA BEACH, FL 32034 US</b>			Mailing Address <b>PO BOX 70 3859 E. STATE RD. 200 FERNANDINA BEACH, FL 32034 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2904562</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SIMMONS, JOHNNIE 37 L.S. MORRISON DR. PO BOX 70 FERNANDINA BEACH, FL 32034</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP AUTRY, GARY HWY A1A, P.O. BOX 1025 N/A FERNANDINA BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT SIMMONS, JOHNNIE 37 L.S. MORRISON DR. FERNANDINA BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S JENKINS, GLENDA L 37 L. S. MORRISON DR FERNANDINA BEACH, FL 32034</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KNOX, MICHAEL 43 MORRISON DR FERNANDINA BEACH, FL 32034</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HERRING, GEORGE F PO BOX 336 YULEE, FL 32041</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALBERTIE, SHERRIE 516 NORTH 11TH STREET FERNANDINA BEACH, FL 32034</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Denson, Fred A, 11291 Harts Rd Apt. 1302 Jacksonville, FL 32218</b>				
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.					
<b>SIGNATURE: <u>Johnnie Simmons</u> Johnnie Simmons 4-12-06 904-277-2406</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR-DIRECTOR Date Daytime Phone #</small>					