

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01312006 Chg-NP CR2E037 (11/05)

City & State	City & State	4. FEI Number 59-2904562	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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 _____

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, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	DP AUTRY, GARY <input type="checkbox"/> Delete HWY A1A, P.O. BOX 1025 N/A FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SIMMONS, JOHNNIE <input type="checkbox"/> Delete 37 L.S. MORRISON DR. FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, GLENDA L <input type="checkbox"/> Delete 37 L. S. MORRISON DR FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOX, MICHAEL <input type="checkbox"/> Delete 43 MORRISON DR FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRING, GEORGE F <input checked="" type="checkbox"/> Delete PO BOX 336 YULEE, FL 32041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERTIE, SHERRIE <input type="checkbox"/> Delete 516 NORTH 11TH STREET FERNANDINA BEACH, FL 32034

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Denson, Fred A, <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11291 Harts Rd Apt. 1302 Jacksonville, FL 32218
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: Johnnie Simmons Johnnie Simmons 4-12-06 904-277-2406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #