


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # N13391 1. Entity Name ONEAL MEMORIAL BAPTIST CHURCH, INC.	
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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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04092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent SIMMONS, JOHNNIE 37 L.S. MORRISON DR. PO BOX 70 FERNANDINA BEACH, FL 32034

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AUTRY, GARY HWY A1A, P.O. BOX 1025 N/A FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SIMMONS, JOHNNIE 37 L.S. MORRISON DR. FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, GLENDA L 37 L. S. MORRISON DR FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOX, MICHAEL 43 MORRISON DR FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENSON, FRED A 11291 HARTS RD APT 1302 JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERTIE, SHERRIE 516 NORTH 11TH STREET FERNANDINA BEACH, FL 32034

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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 4/09/08 (904) 261-4184
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone