

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13391

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: ONEAL MEMORIAL BAPTIST CHURCH, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

474257 SR 200 E  
FERNANDINA BEACH, FL 32034 US

## Current Mailing Address:

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

## New Mailing Address:

PO BOX 70  
474257 SR 200 E  
FERNANDINA BEACH, FL 32034 US

FEI Number: 59-2904562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SIMMONS, JOHNNIE  
37 L.S. MORRISON DR.  
FERNANDINA BEACH, FL 32034 US

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.

SIGNATURE: JOHNNIE SIMMONS

04/14/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: AUTRY, GARY  
Address: HWY A1A, P.O. BOX 1025 N/A  
City-St-Zip: FERNANDINA BEACH, FL

Title: DT ( ) Delete  
Name: SIMMONS, JOHNNIE  
Address: 37 L.S. MORRISON DR.  
City-St-Zip: FERNANDINA BEACH, FL

Title: S ( ) Delete  
Name: JENKINS, GLENDA L  
Address: 37 L. S. MORRISON DR  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: KNOX, MICHAEL  
Address: 43 MORRISON DR  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: DENSON, FRED A  
Address: 11291 HARTS RD APT 1302  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: ALBERTIE, SHERRIE  
Address: 516 NORTH 11TH STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNIE SIMMONS

DP

04/14/2009

Electronic Signature of Signing Officer or Director

Date