FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90021 048 ****61.25

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Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N24696

1. Corporation Name

CITY-ST-ZIP

OAK HILL BAPTIST CHURCH, INC.

Principal Place	e of Business	Mailing Address							
C/O GENE AULTMAN 5811 LESABRE RD JACKSONVILLE FL 32244 US		C/O GENE AULTMAN P O BOX 381988 JACKSONVILLE FL 32238 US							
2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed			
21		26				02/05/1988			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		lied For	1
2	·	27				59-2873210		Applicable	1
City & State	0	City & State				≥ 5.= Certificate of Status Desired === []=	\$8.75 A		ئتد
23		28							┨.
Zip	Country 25	Zip				6. Election Campaign Financing	\$5.00 M Added to] :
4		30			Trust Fund Contribution 10. Name and Address of New Regist		rees	1 .	
	9. Name and Address of Curren	Registered Agent		81	Name	to: Raine and Address of New Hogist	orow / tgo/ii		1 .
				82					↓ '
AULTMAN	•					ress (P.O. Box Number is Not Acceptable)			1
326 RIVER		83						1	
ORANGE	PARK FL 32073						1.2T-2.4		-
				84	City		FL 85 Zip C		
office or r	egistered agent, or both, in the State on the mailing with, and accept the obligations are stated in the control of the contro	of Florida. Such change was auti tions of, Section 617.0503, Florid	onzec a Stat	i by utes.	the corporatio	oration submits this statement for the purpo on's board of directors. I hereby accept the	аррошинент өз гед	egistered istered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				gistered Agent signature require 13,		when reinstating) DA ADDITIONS/CHANGES TO OFFICER		RS IN 12	- 8
12.	OFFICERS AND DIRECTORS DELETE		13. 1.1 Π	TI C		ADDITIONS/CHANGES TO OTT ISE	☐ Change	Addition	(11/98)
TITLE				ME	ĺ				
NAME	AULTMAN, GENE				ADDRESS				8
STREET ADDRESS	326 RIVER RD				(CR2E037
CITY-ST-ZIP	ORANGE PARK FL	······································		1.4 CITY-ST-ZIP			Change	Addition	ქ ნ
TITLE !	TR			2.2 NAME					1
	AULTMAN, ANITA 326 RIVER RD		2.3 STREET ADDRESS		LADORESS .		•		
STREET ADDRESS CITY-ST-ZIP	ORANGE PARK FL			my-s	- 1			-	
TITLE	D DELETE		3.1 TI		7, 5,1		☐ Change	Addition	1
NAME	SCUDDER, CHERYL		3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS		TADORESS				
CITY-ST-ZIP	JACKSONVILLE FL			ITY-S	ST-ZIP				;
TITLE	☐ DELETE		4.1 TITLE				Change	Addition	Į.
NAME				4.2 NAME					1
STREET ADDRESS	RESS		4.3 STREET ADDRESS		TADORESS				
CITY-ST-ZIP			4.4 CI	4.4 CITY-ST-ZIP					_
TITLE	☐ DELETE			5.1 TITLE			Change	Addition	
NAME			5.2 NAME						1
STREET ADDRESS	}		•		TADORESS				1
CITY-ST-ZIP				TY-SI	T-ZIP			Madisi	1
TITLE		☐ DELETE	6.1 TI				☐ Change	☐ Addition	
NAME				62 NAME					
CYPECT APPRICA	prese		6.3 STREET ADDRESS		TADORESS I				1

6.4 CITY-ST-ZIP

1999

904-741-734

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.