

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24696

1. Entity Name

OAK HILL BAPTIST CHURCH, INC.

Principal Place of Business

C/O GENE AULTMAN
5811 LESABRE RD
JACKSONVILLE FL 32244
US

Mailing Address

C/O GENE AULTMAN
P O BOX 381988
JACKSONVILLE FL 32238
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2873210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AULTMAN, GENE
326 RIVER RD
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

JOSEPH PERRY

Street Address (P.O. Box Number is Not Acceptable)

4442 ANVERS BOULEVARD

City

JACKSONVILLE

FL

Zip Code

32210

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.

SIGNATURE

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

JOSEPH PERRY C/O

4-18-01

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE CD ☒ Delete
NAME AULTMAN, GENE
STREET ADDRESS 326 RIVER RD
CITY-ST-ZIP ORANGE PARK FL

TITLE TR ☒ Delete
NAME AULTMAN, ANITA
STREET ADDRESS 326 RIVER RD
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☐ Delete
NAME SCUDDER, CHERYL
STREET ADDRESS 6241 TOYOTA DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C/O ☐ Change ☒ Addition
NAME JOSEPH PERRY
STREET ADDRESS 4442 ANVERS BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☐ Change ☒ Addition
NAME ROBERT MILLER
STREET ADDRESS 8029 CHATEAU DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Joseph Perry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90136 024 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)