

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90154 042 ****61.25

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 384988- 7776 JACKSONVILLE, FL 32238 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7776 Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 59-2873210	
Zip 32238		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent - PERRY, JOSEPH 4442 ANVERS BLVD JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name Robert R Miller Street Address (P.O. Box Number is Not Acceptable) 8029 Chateau Dr. S. City Jacksonville FL Zip Code 32221	
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 <u><i>Robert R Miller</i></u> CD 4-6-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE CD	NAME PERRY, JOSEPH		TITLE D	NAME Geraldene Jones	
STREET ADDRESS 4442 ANVERS BLVD	CITY-ST-ZIP JACKSONVILLE, FL 32210		STREET ADDRESS 8158 Galaxie Drive	CITY-ST-ZIP Jacksonville, FL 32244	
TITLE D	NAME MILLER, ROBERT		TITLE D	NAME SCUDDER, CHERYL	
STREET ADDRESS 8029 CHATEAU DRIVE SOUTH	CITY-ST-ZIP JACKSONVILLE, FL 32221		STREET ADDRESS 6241 TOYOTA DR.	CITY-ST-ZIP JACKSONVILLE, FL	
TITLE D	NAME SCUDDER, CHERYL		TITLE D	NAME SCUDDER, CHERYL	
STREET ADDRESS 6241 TOYOTA DR.	CITY-ST-ZIP JACKSONVILLE, FL		STREET ADDRESS 6241 TOYOTA DR.	CITY-ST-ZIP JACKSONVILLE, FL	
TITLE D	NAME SCUDDER, CHERYL		TITLE D	NAME SCUDDER, CHERYL	
STREET ADDRESS 6241 TOYOTA DR.	CITY-ST-ZIP JACKSONVILLE, FL		STREET ADDRESS 6241 TOYOTA DR.	CITY-ST-ZIP JACKSONVILLE, FL	
TITLE D	NAME SCUDDER, CHERYL		TITLE D	NAME SCUDDER, CHERYL	
STREET ADDRESS 6241 TOYOTA DR.	CITY-ST-ZIP JACKSONVILLE, FL		STREET ADDRESS 6241 TOYOTA DR.	CITY-ST-ZIP JACKSONVILLE, FL	
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: <u><i>Cheryl B Scudder</i></u> Cheryl B Scudder 4-9-05 904-778-2255 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					