




2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90095 025 ****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 P.O. BOX 776 JACKSONVILLE, FL 32238 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7776 Suite, Apt. #, etc.			
City & State 		City & State JACKSONVILLE, FL		4. FEI Number 59-2873210	
Zip 	Country 	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 MILLER, ROBERT R 8029 CHATEAU DR S JACKSONVILLE, FL 32221				7. Name and Address of New Registered Agent Name PEGGY WEBB Street Address (P.O. Box Number is Not Acceptable) 4633 Herta Road 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  PEGGY WEBB 4-18-07 <small>Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JONES, GERALDINE 8158 GALAXIE DR JACKSONVILLE, FL 32244	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PEGGY WEBB 4633 HERTA ROAD JACKSONVILLE, FL 32210		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MILLER, ROBERT 8029 CHATEAU DRIVE SOUTH JACKSONVILLE, FL 32221	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES PALMER 8167 OLD KINGS RD LOT 12 JACKSONVILLE, FL 32219		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SCUDDER, CHERYL 6241 TOYOTA DR. JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		PEGGY WEBB 4-18-07 904-778-3295 <small>Signature, type or print name of signing officer or director Date Daytime Phone #</small>			

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