2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N45624

1. Entity Name
OAK HILL MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
4202 E. PALIFOX TAMPA, FL 33610	4202 E. PALIFOX TAMPA, FL 33610

04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3092502
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, WANDA J
13230 US HWY 301
DADE CITY, FL 33525

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MATHIS, JENNIETTE
STREET ADDRESS	1422 VINETREE DR.
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	DV
NAME	BALKMAN, ROBERT E.
STREET ADDRESS	6659 MESSER DR
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	DS
NAME	HOWELL, ANITA
STREET ADDRESS	4420 POMPANO DRIVE
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	DCC
NAME	DAVIS, GLORIA W
STREET ADDRESS	3901 E CURTIS STREET
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000525028
05/04/06-80015-002 70.00

DO NOT WRITE IN THIS SPACE

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: Gloria W. Davis 4-16-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #