

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90239 003 ****61.25

DOCUMENT # N97000002504					
1. Entity Name OAK HILL BAPTIST CHURCH OF ARCADIA, FLORIDA, INC.					
Principal Place of Business 5104 NW OAK HILL AVE ARCADIA, FL 34266			Mailing Address P.O. BOX 1517 ARCADIA, FL 34265		
2. Principal Place of Business		3. Mailing Address 5104 NW OAK HILL AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Arcadia, FL		4. FEI Number 59-3445152	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34266		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent DE ARMAS, RAFAEL-ESQ. 4630 SOUTH FAIRWAY DRIVE PUNTA GORDA, FL 33982			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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 NAME STREET ADDRESS CITY-ST-ZIP	D COKER, CORWIN B 5789 N.W. SCOUT AVENUE ARCADIA, FL 34268	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLDING, JULIE P 6041 N.W. CO. ROAD., 681A ARCADIA, FL 34268	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, JAMES L 5850 N.W. OAK HILL AVENUE ARCADIA, FL 34268	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COKER, DELMER P.O. BOX 2549 ARCADIA, FL 34265	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARNST, GERALD K 3923 N.E. TENNESSEE ST. ARCADIA, FL 34268	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>James L. Myers</u> <u>4-19-05</u> <u>863-990-0695</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					