

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90114 033 \*\*\*\*61.25

<b>DOCUMENT # N97000002504</b> 1. Entity Name <b>OAK HILL BAPTIST CHURCH OF ARCADIA, FLORIDA, INC.</b>						
Principal Place of Business <b>5104 NW OAK HILL AVE ARCADIA, FL 34266</b>				Mailing Address <b>5104 NW OAK HILL AVE ARCADIA, FL 34266</b>		
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 <b>59-3445152</b>				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>DE ARMAS, RAFAEL ESQ. 4630 SOUTH FAIRWAY DRIVE PUNTA GORDA, FL 33982</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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)						
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
Make check payable to Florida Department of State						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>COKER, CORWIN B</b> 5789 N.W. SCOUT AVENUE ARCADIA, FL 34266		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>John D. TUCKER</b> 6048 NW OAK HILL AVE Arcadia, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>COLDING, JULIE P</b> 8041 N.W. CO. ROAD., 661A ARCADIA, FL 34266		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Danny Vandy</b> 3550 NE HWY 70 LOT 87 Arcadia, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MYERS, JAMES L</b> 5850 N.W. OAK HILL AVENUE ARCADIA, FL 34266		<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	D <b>COKER, DELMER</b> P.O. BOX 2549 ARCADIA, FL 34265		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.						
<b>SIGNATURE:</b> <u>John D. Tucker</u> <b>John D. Tucker</b> <u>04/19/06</u> <u>863-494-6685</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						

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