

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 A
Secretary of State

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

5104 NW OAK HILL AVE
ARCADIA, FL 34266



03062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3445152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE ARMAS, RAFAEL ESQ.
4630 SOUTH FAIRWAY DRIVE
PUNTA GORDA, FL 33982

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000689669
04/11/07-80042-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TUCKER, JOHN D
STREET ADDRESS	6048 NW OAKHILL AVE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	VANDY, DANNY
STREET ADDRESS	3550 NE HWY 70 LOT 87
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	MYERS, JAMES L
STREET ADDRESS	5850 N.W. OAK HILL AVENUE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	COKER, DELMER
STREET ADDRESS	P.O. BOX 2549
CITY-ST-ZIP	ARCADIA, FL 34265

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07

Date

Daytime Phone #