

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90030 033 \*\*\*\*61.25

DOCUMENT # N00000003700  
1. Entity Name  
Oakhill POA INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2050 SW 66th St  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 4018  
Suite, Apt. #, etc.  
Ocala, Fla

City & State  
Ocala Fla

City & State  
Ocala Fla

Zip  
34476

Country  
USA

Zip  
34478

Country  
USA

4. FEI Number

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
JOANN P VAN HYNING

Street Address (P.O. Box Number is Not Acceptable)  
2050 SW 66th St

City  
Ocala

FL

Zip Code  
34476

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.

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Pres/Dir</u> <u>Jo Ann Van Hyning</u> <u>2050 SW 66th St</u> <u>Ocala FL 34476</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Sec/Dir</u> <u>Tom Van Hyning</u> <u>2050 SW 66th St</u> <u>Ocala Fla 34476</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>W moulton</u> <u>1645 W MAIN ST, INVERNESS FL</u> <u>34450</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/17/02 352-2370788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)