## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N02000001654

Entity Name: OAK HILL BAPTIST CHURCH OF LOUGHMAN, INC.

FILED Sep 10, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8060 OSCEOLA-POLK LINE ROAD LOUGHMAN, FL 33858 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 112 LOUGHMAN, FL 33858 **FEI Number:** FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, RAYMOND JR. 8060 OŚCEOLA-POLK LINE ROAD LOUGHMAN, FL 33858 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete ( ) Change (X) Addition TRAVIS, SHERON Name: Name: Address: Address: 1907 COUNTY ROAD 547 City-St-Zip: City-St-Zip: DAVENPORT, FL 33837 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: REYNOLDS, CATHY Address: Address: 3049 COUNTY ROAD 547 NORTH City-St-Zip: City-St-Zip: DAVENPORT, FL 33837 Title: () Delete Title: ( ) Change (X) Addition TISH, BRUCE Name: Name: Address: Address: 117 SHADY LANE City-St-Zip: City-St-Zip: DAVENPORT, FL 33836 Title: () Delete Title: DC ( ) Change (X) Addition GRINSTEAD, RICKY L Name: Name: Address: Address: 447 NEVADA LOOP ROAD DAVENPORT, FL 33897 US City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition REYNOLDS, CHARLIE Name: Name: 3041 COUNTY ROAD 547 NORTH Address: Address: City-St-Zip: City-St-Zip: DAVENPORT, FL 33837 US Title: () Delete Title: ( ) Change (X) Addition SHIVER, MICHAEL Name: Name: Address: Address: P.O. BOX 1154 DAVENPORT, FL 33836 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICKY L. GRINSTEAD DC 09/10/2003