

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001654

FILED
May 02, 2004
Secretary of State

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

Current Principal Place of Business:

8060 OSCEOLA-POLK LINE ROAD
LOUGHMAN, FL 33858

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 112
LOUGHMAN, FL 33858

New Mailing Address:

FEI Number: 59-3425981 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GRINSTEAD, RICKY L
8060 OSCEOLA-POLK LINE ROAD
LOUGHMAN, FL 33858 US

Name and Address of New Registered Agent:

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:

Title: S () Delete
Name: TRAVIS, SHERON
Address: 1907 COUNTY ROAD 547
City-St-Zip: DAVENPORT, FL 33837

Title: T () Delete
Name: REYNOLDS, CATHY
Address: 3049 COUNTY ROAD 547 NORTH
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: TISH, BRUCE
Address: 117 SHADY LANE
City-St-Zip: DAVENPORT, FL 33836

Title: DC () Delete
Name: GRINSTEAD, RICKY L
Address: 447 NEVADA LOOP ROAD
City-St-Zip: DAVENPORT, FL 33897 US

Title: D () Delete
Name: REYNOLDS, CHARLIE
Address: 3041 COUNTY ROAD 547 NORTH
City-St-Zip: DAVENPORT, FL 33837 US

Title: D () Delete
Name: SHIVER, MICHAEL
Address: P.O. BOX 1154
City-St-Zip: DAVENPORT, FL 33836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CATHY REYNOLDS

T

05/02/2004

Electronic Signature of Signing Officer or Director

Date