

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001654

FILED  
Jul 14, 2005  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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  
Name:  
Address:  
City-St-Zip:

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

T

07/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date