


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000001654</b>		
1. Entity Name <b>OAK HILL BAPTIST CHURCH OF LOUGHMAN, INC.</b>		
Principal Place of Business <b>8060 OSCEOLA-POLK LINE ROAD LOUGHMAN, FL 33858</b>	Mailing Address <b>POST OFFICE BOX 112 LOUGHMAN, FL 33858</b>	



02142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3425981</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRAVIS, SHERON 1907 COUNTY ROAD 547 DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REYNOLDS, CATHY 3049 COUNTY ROAD 547 NORTH DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TISH, BRUCE 117 SHADY LANE DAVENPORT, FL 33836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GRINSTEAD, RICKY L 127 FOREST VIEW COURT DAVENPORT, FL 33897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, CHARLIE 3041 COUNTY ROAD 547 NORTH DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000836270  
 03/04/08-80009-011 61.25

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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:** Cathy L Reynolds <sup>Treasurer</sup> Cathy L. Reynolds Feb 14 2008 813 420 9590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #