2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/8/2008-90002-041-$61.25-$61.25

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000004208

1. Entity Name
OAK HILL COMMUNITY TRUST, INC.

Principal Place of Business	Mailing Address
234 SOUTH U.S. HWY #1 OAK HILL, FL 32759	234 SOUTH U.S. HWY #1 OAK HILL, FL 32759

090320 REINSTATEMENT (FEI 08

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 11 Suite, Apt. #, etc.
City & State	City & State: OAK Hill, FL
Zip / Country	Zip: 32759 / Country: VOLUSIA

4. FEI Number — ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMPSON, SCOTT E 595 W GRANADA BLVD SUITE A ORMOND BEACH, FL 32174	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 September 12, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRPERSON GARY BITTLE 291 LAGOON AVE OAK Hill FL 32759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-CHAIRPERSON DANA THOMPSON 319 N. GARNER ST. OAK HILL, FL 32795	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 11/6
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ROBERTA SIMMONS 197 S. GARNER ST. OAK HILL, FL 32759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY CHRISTINA FAYCE 105 OAK ST EDGEWATER, FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD MEMBER ANDREW JUAD 176 HOLDEN ST. OAK HILL, FL 32759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD MEMBER JIM BENEFIELD 2260 LAGOON AVE OAK HILL, FL 32759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ GARY C. BITTLE 09/05/08 386-446-9277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #