

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90080 016 ****61.25

DOCUMENT # N26491

1. Entity Name

OAK HILL FIRST CHURCH OF THE NAZARENE, INC.



Principal Place of Business

480 USI
P.O. BOX 1015
OAK HILL FL 32759

Mailing Address

480 USI
P.O. BOX 1015
OAK HILL FL 32759

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2579792

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

HAY, JOHN F DR
2600 CRESTWOOD AVE.
NEW SMYRNA BEACH FL 32168

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	D	☐ Delete
NAME	JIM, MILLS	
STREET ADDRESS	208 RANDLE AVE	
CITY- ST- ZIP	OAK HILL FL 32759	

TITLE	D	☐ Delete
NAME	GARDNER, SHIRLEY	
STREET ADDRESS	4 LYNN PLACE	
CITY- ST- ZIP	NEW SMYRA BEACH FL	

TITLE	T	☐ Delete
NAME	WATSON, JEAN	
STREET ADDRESS	1100 CONRAD DR	
CITY- ST- ZIP	NEW SMYRNA BEACH FL 32168	

TITLE	P	☐ Delete
NAME	HAY, JOHN DR	
STREET ADDRESS	2600 CRESTWOOD AVENUE	
CITY- ST- ZIP	NEW SMYRNA BEACH FL 32168	

TITLE	ST	☐ Delete
NAME	STEWART, DREWERY	
STREET ADDRESS	229 GARY AVE./	
CITY- ST- ZIP	OAK HILL FL 32759	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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STREET ADDRESS	
CITY- ST- ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: