

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-20-2007 90048 019 ****61.25

DOCUMENT # N26491 1. Entity Name OAK HILL FIRST CHURCH OF THE NAZARENE, INC.			
Principal Place of Business 480 US1 P.O. BOX 1015 OAK HILL FL 32759		Mailing Address 480 US1 P.O. BOX 1015 OAK HILL FL 32759	
2. Principal Place of Business - No P.O. Box # 480 N. HS I		3. Mailing Address P.O. Box 1015	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Oak Hill FL		City & State Oak Hill Fla	
Zip 32759		Zip 32759	
Country Valouria		Country Valouria	
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 HAY, JOHN F DR 2600 CRESTWOOD AVE. NEW SMYRNA BEACH FL 32168		7. Name and Address of New Registered Agent 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 fee is applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW: FEE IS \$61.25 ← Due By May 1, 2007		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 D	NAME JIM, MILLS	TITLE 	NAME
STREET ADDRESS 208 RANDLE AVE	CITY- ST- ZIP OAK HILL FL 32759	STREET ADDRESS 	CITY- ST- ZIP
TITLE D	NAME GARDNER, SHIRLEY	TITLE 	NAME
STREET ADDRESS 4 LYNN PLACE	CITY- ST- ZIP NEW SMYRNA BEACH FL	STREET ADDRESS 	CITY- ST- ZIP
TITLE T	NAME WATSON, JEAN	TITLE 	NAME
STREET ADDRESS 1100 CONRAD DR	CITY- ST- ZIP NEW SMYRNA BEACH FL 32168	STREET ADDRESS 	CITY- ST- ZIP
TITLE P	NAME HAY, JOHN DR	TITLE 	NAME
STREET ADDRESS 2600 CRESTWOOD AVENUE	CITY- ST- ZIP NEW SMYRNA BEACH FL 32168	STREET ADDRESS 	CITY- ST- ZIP
TITLE ST	NAME STEWART, DREWERY	TITLE 	NAME
STREET ADDRESS 229 GARY AVE./	CITY- ST- ZIP OAK HILL FL 32759	STREET ADDRESS 	CITY- ST- ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY- ST- ZIP 	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: <u>Drewery J. Stewart, St. 3/16/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			