

2008.NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N26491 1. Entity Name OAK HILL FIRST CHURCH OF THE NAZARENE, INC.	
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Principal Place of Business 480 N. US 1 OAK HILL FL 32759	Mailing Address P.O. BOX 1015 OAK HILL FL 32759
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-2579792	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAY, JOHN F DR 2600 CRESTWOOD AVE. NEW SMYRNA BEACH FL 32168	
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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 in title functions as.	DATE _____ (NOTE: Registered Agent signature is required when re-registering)
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FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D JIM, MILLS 208 RANDLE AVE OAK HILL FL 32759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D GARDNER, SHIRLEY 4 LYNN PLACE NEW SMYRNA BEACH FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
T WATSON, JEAN 1100 CONRAD DR NEW SMYRNA BEACH FL 32168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P HAY, JOHN DR 2600 CRESTWOOD AVENUE NEW SMYRNA BEACH FL 32168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
ST STEWART, DREWERY 229 GARY AVE./ OAK HILL FL 32759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
U00000797517 01/29/08-80076-021 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: *Drewery Stewart Sent* 1-20-8