

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26491

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** OAK HILL FIRST CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

480 N. US 1  
OAK HILL, FL 32759

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1015  
OAK HILL, FL 32759

**New Mailing Address:**

**FEI Number:** 59-2579792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JIM, MILLS  
Address: 208 RANDLE AVE  
City-St-Zip: OAK HILL, FL 32759

Title: D ( ) Delete  
Name: GARDNER, SHIRLEY,  
Address: 4 LYNN PLACE  
City-St-Zip: NEW SMYRA BEACH, FL

Title: T ( ) Delete  
Name: WATSON, JEAN  
Address: 1100 CONRAD DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: P ( ) Delete  
Name: HAY, JOHN DR  
Address: 2600 CRESTWOOD AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ST ( ) Delete  
Name: STEWART, DREWERY  
Address: 229 GARY AVE./  
City-St-Zip: OAK HILL, FL 32759

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DREW STEWART

TREA

01/06/2009

Electronic Signature of Signing Officer or Director

Date