

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90113 040 \*\*\*\*61.25

**DOCUMENT # N26491**

1. Entity Name

**OAK HILL FIRST CHURCH OF THE NAZARENE, INC.**



Principal Place of Business

~~172 WEST HALIFAX~~ **480 N. U.S.I**  
~~P.O. BOX 1015~~  
**OAK HILL FL 32759**

Mailing Address

~~172 WEST HALIFAX~~ **480 N. U.S.I**  
~~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

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

~~BERRIAN, RONALD~~  
~~128 ORANGE AVE~~  
~~EDGEWATER FL 32132~~

7. Name and Address of New Registered Agent

Name

**Dr. John F. Hay**

Street Address (P.O. Box Number is Not Acceptable)

**2600 Crestwood Ave**

City

**New Smyrna Beach**

Zip Code

**32168**

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

**Drewery J. Stewart**

**1-9-03**

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**

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**  
STREET ADDRESS **208 RANDLE AVE**  
CITY-ST-ZIP **OAK HILL FL 32759**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **D**  
NAME **GARDNER, SHIRLEY**  
STREET ADDRESS **4 LYNN PLACE**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **ST**  
NAME **STEWART, DREW**  
STREET ADDRESS **128 CEDAR ST**  
CITY-ST-ZIP **EDGEWATER FL**

☒ Delete

TITLE  
NAME **Drewery Stewart**  
STREET ADDRESS **229 Hwy Ave,**  
CITY-ST-ZIP **OAK HILL, FL 32759**

☒ Change

☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 exemption stated in Section 119.07(3)(i), 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:

**SIGNATURE REQUIRED: HAY**

**1/13/03**

**(386) 467-8200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)