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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005657 (0)

1. Corporation Name

OAK CREST UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

5900 RICKER ROAD
JACKSONVILLE FL 322445900 RICKER ROAD
JACKSONVILLE FL 32244-26023. Date Incorporated or Qualified
11/28/19953a. Date of Last Report
04/03/19964. FEI Number
59-1166311Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEATHERLY, GUYTON
5900 RICKER ROAD
JACKSONVILLE FL 32244

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ~~XX~~ DELETE
NAME SHIRLEY, JAMES G
STREET ADDRESS 8056 PINEVERDE LN
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE D ☒ Change ☒ Addition
1.2 NAME Keith Carter
1.3 STREET ADDRESS 294 Aquarius Conc.
1.4 CITY-ST-ZIP Orange Park, FL 32073TITLE D ☐ DELETE
NAME CREEL, FRANK
STREET ADDRESS 8187 LOCH LOMOND LANE
CITY-ST-ZIP JACKSONVILLE FL 322442.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ~~XX~~ DELETE
NAME BISCHOFF, CHARLES
STREET ADDRESS 5741 TEMPEST STREET
CITY-ST-ZIP JACKSONVILLE FL 322443.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Butch Amberger
3.3 STREET ADDRESS 7235 Zapata Dr.
3.4 CITY-ST-ZIP Jacksonville, FL 32210TITLE D ☐ DELETE
NAME BOREE, DONNIE
STREET ADDRESS 6969 RICKER ROAD
CITY-ST-ZIP JACKSONVILLE FL 322444.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME KNOWLES, GWEN
STREET ADDRESS 4923 PERRINE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 322105.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME MIRALES, JOE
STREET ADDRESS 6335 CHECKMATE LN
CITY-ST-ZIP JACKSONVILLE FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904/771-8669

CR2E037 (9/96)