2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State
07-20-2004 90002 019 ****61.25

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1. Entity Name
OAK CREST UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
5900 RICKER ROAD JACKSONVILLE, FL 32244	5900 RICKER ROAD JACKSONVILLE, FL 32244

07182004 Chg-NP CR2E037 (10/03)

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 59-1166311 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARRIS, JEROME P III 5900 RICKER ROAD JACKSONVILLE, FL 32244	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COOPER, JOAN 7603 COACH PARK DR JACKSONVILLE, FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARRINGTON, RUTH 7449 LEROY DR JACKSONVILLE, FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATTERSON, JANE 2467 LARCHWOOD ST ORANGE PARK, FL 32065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Kenny Callaway 22838 Brandon Rd. Lawtey, FL 32058	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOWE, JOEL 8214 SAWMILL CREEK RD JACKSONVILLE, FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STONE, PEGGY 7977 JAGUAR DR JACKSONVILLE, FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WEBB, WILLIS 8379 BARRACUDA RD JACKSONVILLE, FL 32244	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Barbara Dean 6822 Golfview St. Jacksonville, FL 32210	☐ 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: Barbara Dean Barbara T Dean 7/31/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #