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Feb 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711454 (9)

1. Corporation Name

OAKCREST BAPTIST CHURCH, INC.

Principal Place of Business

4000 WEST FAIRFIELD DRIVE
PENSACOLA FL 32505

Mailing Address

4000 WEST FAIRFIELD DRIVE
PENSACOLA FL 32505-4733

3. Date Incorporated or Qualified
09/08/1966

3a. Date of Last Report
05/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-1222322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, BOBBY LEE
2681 TINOSA LANE
PENSACOLA FL 32526

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	D	☒ DELETE
NAME	STARCEL, LEE	
STREET ADDRESS	9 MISSISSIPPI CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☐ DELETE
NAME	ZIEGLER, RON	
STREET ADDRESS	1496 WATER OAK TRAIL	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	D	☐ DELETE
NAME	REAVES, HARVEY	
STREET ADDRESS	225 EMERALD AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	☐ DELETE
NAME	SMITH, BOBBY LEE	
STREET ADDRESS	2681 TINOSA LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	☐ DELETE
NAME	BINGLE, JEFF	
STREET ADDRESS	1080 HWY 97	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	C	☐ DELETE
NAME	SMITH, LINDA	
STREET ADDRESS	2681 TINOSA LANE	
CITY-ST-ZIP	PENSACOLA FL	

1.1 TITLE	D	☒ Change ☒ Addition
1.2 NAME	Bill Phelps	
1.3 STREET ADDRESS	103 Georgia Dr.	
1.4 CITY-ST-ZIP	Pensacola, Fl. 32505	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 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)(l), 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

2-18-97

455-4561

Date

Daytime Phone # 0072813

CR2E037 (9/96)