FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secre ary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90253 011 ****61.25

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DOCUMENT # 711454

1. Corporation Name
OAKCREST BAPTIST CHURCH, INC.

450998 - 90253 - 11

Principal Place of Business	Mailing Address
4000 WEST FAIRFIELD DRIVE PENSACOLA FL 32505	4000 WEST FAIRFIELD DRIVE PENSACOLA FL 32505

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/08/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1222322 ☒ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	PHELPS, BILL		1.2 NAME	Fay,Frank	
STREET ADDRESS	103 GEORGIA DR		1.3 STREET ADDRESS	4531 Guerlain Way	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	Pensacola, Fl	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ZIEGLER, RON		2.2 NAME		
STREET ADDRESS	1496 WATER OAK TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REAVES, HARVEY		3.2 NAME		
STREET ADDRESS	225 EMERALD AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, BOBBY LEE		4.2 NAME		
STREET ADDRESS	2681 TINOSA LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FAY, MARSHA		5.2 NAME		
STREET ADDRESS	4531 GUERLAIN WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, LINDA		6.2 NAME		
STREET ADDRESS	2681 TINOSA LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Marsha C Fay MARSHA C. FAY 4-27-99 850-455-4561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Secretary/Treasurer — Date — Daytime Phone #