FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA 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 32244	5900 RICKER ROAD JACKSONVILLE FL 32244

3. Date Incorporated or Qualified: 11/28/1995

3a. Date of Last Report:

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-1166311 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

WEATHERLY, GUYTON
5900 RICKER ROAD
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

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	PD	☒ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	CAPE, PLOMER A		12 NAME	JAMES G. SHIRLEY	
STREET ADDRESS	5841 TRIUMPH LANE EAST		13 STREET ADDRESS	8056 PINEYARDE LN.	
CITY-ST-ZIP	JACKSONVILLE FL 32244		14 CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	CREEL, FRANK		22 NAME		
STREET ADDRESS	8167 LOCH LOMOND LANE		23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32244		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BISCHOFF, CHARLES		32 NAME		
STREET ADDRESS	5741 TEMPEST STREET		33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32244		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BOREE, DONNIE		42 NAME		
STREET ADDRESS	6969 RICKER ROAD		43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32244		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	KNOWLES, GWEN		52 NAME		
STREET ADDRESS	4923 PERRINE DRIVE		53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE	D	☒ Change ☐ Addition
NAME	HAGAINS, BRIAN		62 NAME	JOE MIRALES	
STREET ADDRESS	5933 W. JAGUAR		63 STREET ADDRESS	6335 CHECKMATE LN	
CITY-ST-ZIP	JACKSONVILLE FL 32244		64 CITY-ST-ZIP	JACKSONVILLE FL 32244	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: James G. Shirley - JAMES G. SHIRLEY 3/20/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #