

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90086 003 ****61.25

DOCUMENT # N95000005657

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



Principal Place of Business
**5900 RICKER ROAD
JACKSONVILLE, FL 32244**

Mailing Address
**5900 RICKER ROAD
JACKSONVILLE, FL 32244**

50021630



02182005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**CARRIS, JEROME P III
5900 RICKER ROAD
JACKSONVILLE, FL 32244**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
COOPER, JOAN
7603 COACH PARK DR
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ARRINGTON, RUTH
7449 LEROY DR
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
CALLAWAY, KENNY
22838 BRANDON RD
LAWTEY, FL 32058**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
STOWE, JOEL
8214 SAWMILL CREEK RD
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
STONE, PEGGY
7977 JAGUAR DR
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
DEAN, BARBARA
6822 GOLFVIEW ST
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-28-05

Daytime Phone # **904-777-6444**