

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**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**



04072006 No Chg-NP CR2E037 (11/05)

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	COOPER, JOAN
STREET ADDRESS	7603 COACH PARK DR
CITY-STATE-ZIP	JACKSONVILLE, FL 32244
TITLE	D
NAME	ARRINGTON, RUTH
STREET ADDRESS	7449 LEROY DR
CITY-STATE-ZIP	JACKSONVILLE, FL 32244
TITLE	VD
NAME	CALLAWAY, KENNY
STREET ADDRESS	22838 BRANDON RD
CITY-STATE-ZIP	LAWTEY, FL 32058
TITLE	D
NAME	STOWE, JOEL
STREET ADDRESS	8214 SAWMILL CREEK RD
CITY-STATE-ZIP	JACKSONVILLE, FL 32244
TITLE	D
NAME	STONE, PEGGY
STREET ADDRESS	7977 JAGUAR DR
CITY-STATE-ZIP	JACKSONVILLE, FL 32244
TITLE	SD
NAME	DEAN, BARBARA
STREET ADDRESS	6822 GOLFVIEW ST
CITY-STATE-ZIP	JACKSONVILLE, FL 32210

U00000524706  
05/04/06-80001-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Jerome P. Carris, III*

**Jerome P. Carris, III**

**904-514-2944**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #