## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000005657

FILED Jun 23, 2009 Secretary of State

Entity Name: OAK CREST UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5900 RICKER ROAD JACKSONVILLE, FL 32244 **Current Mailing Address: New Mailing Address:** 5900 RICKER ROAD JACKSONVILLE, FL 32244 FEI Number: 59-1166311 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARRIS, JEROME P III 5900 RIĆKER ROAD JACKSONVILLE, FL 32244 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BUSACK, ERNIE THOUIN, DONNA Name: Name: 4725 LOFTY PINE CIR., E Address: 3039 PLUM ST. Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32205 Title: ( ) Delete Title: () Change () Addition Name: BOREE, DONNIE Name: Address: 6969 RICKER ROAD Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: Title: VD. () Delete Title: () Change () Addition CALLAWAY, KENNY Name: Name: 22838 BRANDON RD Address: Address: City-St-Zip: LAWTEY, FL 32058 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: STOWE, JOEL Name: 8214 SAWMILL CREEK RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: Title: Title: ( ) Delete () Change () Addition STONE, PEGGY Name: Name: 7977 JAGUAR DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DEAN, BARBARA KRAMER, BOBBI Name: Name: Address: 6822 GOLFVIEW ST Address: 2528 LOURDES DR. W. JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA CALLAWAY AA 06/23/2009