

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 19, 2003 8:00 am
Secretary of State

08-19-2003 90020 018 ****61.25

0001625

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1166311**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

30151722



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **PATTERSON, JANE**
STREET ADDRESS **2467 LARCHWOOD ST**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DVP** ☐ Delete
NAME **WEBB, WILLIS**
STREET ADDRESS **8379 BARRACUDA RD**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

Ruth B. Arrington

8/15/03

904-771-1374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/03)