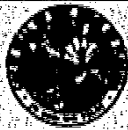


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

1995 JUL 13 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 711454 (9)**

1. Corporation Name  
**OAKCREST BAPTIST CHURCH, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**4000 WEST FAIRFIELD DRIVE  
PENSACOLA FL 32505**

3. Date Incorporated or Qualified **09/08/1966** 3a. Date of Last Report **04/26/1994**  
4. FEI Number **59-1222322** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SMITH, BOBBY LEE  
2681 TINOSA LANE  
PENSACOLA FL 32526**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>STARGEL, LEE</b>
STREET ADDRESS	<b>9 MISSISSIPPI CIRCLE</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b>
NAME	<b>ZIEGLER, RON</b>
STREET ADDRESS	<b>1496 WATER OAK TRAIL</b>
CITY-ST-ZIP	<b>CANTONMENT FL</b>
TITLE	<b>D</b>
NAME	<b>REAVES, HARVEY</b>
STREET ADDRESS	<b>225 EMERALD AVE.</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>P</b>
NAME	<b>SMITH, BOBBY LEE</b>
STREET ADDRESS	<b>2681 TINOSA LANE</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>T</b>
NAME	<b>BINGLE, JEFF</b>
STREET ADDRESS	<b>1090 HWY 97</b>
CITY-ST-ZIP	<b>CANTONMENT FL</b>
TITLE	<b>C</b>
NAME	<b>SMITH, LINDA</b>
STREET ADDRESS	<b>2681 TINOSA LANE</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 or in an attachment with an address.

SIGNATURE: *[Signature]* **TRAVELER** 5/22/95 455-4561  
DATE DAYTIME PHONE #