FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

711454

(9)

OAKCREST BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address							I ALBAN ANANI ANANI ANANI A	INTERIOR IN
4000 WEST FAIRFIELD DRIVE 4000 WEST FAIRFIELD DRIVE PENSACOLA FL 32505 PENSACOLA FL 32505			RIVE					
						3. Date Incorporated or Qualified 09/08/1966	3a. Date of Last F 07/13/19	
2. Principal Pla	ice of Business	2a. Mailing Address 26				4. FEI Number 59-1222322	Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22 City & State		City & State				6. Election Campaign Financing	\$5.00	Required May Be
23		28			Trust Fund Contribution	Added Added	to Fees	
Ζιρ 24	Country Zip Co			Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81	Name			
SMITH, BOBBY LEE				B2	Street Addir	Address (P.O. Box Number is Not Acceptable)		
	osa lane Ola Fl 32526			63				
				84	City		85 Zip	Code
							FL 83 ZIP	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.								
SIGNATURE _		#UTD	•		o when reinstating)	DATE	i	
Signature, typed or printed name of registered agent and tide if applicable (NOTE Registered agent				Agent	signature require	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	D	DELETE	13.			D	☐ Change	Addition
NAME	STARGEL, LEE	_	1 2 NA				_ ,	
STREET ADDRESS	A MICOLOGIPPH CUPOLE					Fay, Frank 4531 Guerlain Way		
CITY-ST-ZIP	PENSACOLA FL		1.4 CiTY-		1	Pensacola, Fl.		ļ
TITLE	D	DELETE	2 1 TI			D	☐ Change	Addition .
NAME	ZIEGLER, RON		2 2 N	AME.		Phelps, Bill		^
STREET ADDRESS	1496 WATER OAK TRAIL		2351	REET		103 Georgia Dr.		
CITY-ST-ZIP	CANTONMENT FL		2 4 CITY-		17-ZIP	Pensacola, F1.		
TITLE	D	DELETE	31 TITLE				☐ Change	☐ Addition
NAME	REAVES, HARVEY		32 NAME		ļ			
STREET ADDRESS	225 EMERALD AVE.		3.3 STREE		ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY-		IT-ZIP			
TITLE	P	DELETE	4.1 TI	TLE			Change	Addition
NAME	SMITH, BOBBY LEE		4. 2 N	AME				
STREET ADDRESS	2681 TINOSA LANE		4.3 STREE		ADDRESS			
CITY-ST-ZIP	PENSACOLA FL	<u>.</u>	4.4 C		T - ZIP			
TITLE	T	DELETE	5 1 TI				Change	Addition
NAME	BINGLE, JEFF		5.2 N					
STREET ADDRESS	1080 HWY 97		53 STREE					
CITY-ST-2IP	CANTONMENT FL	— — — — — — — — — — — — — — — — — — —			1 - ZIP		<u> </u>	Adeltion
TITLE	C CARTTLE LIANDA	DELETE	6171		1		Change	Addition
NAME	SMITH, LINDA		62 N					
STREET ADDRESS	DENIOLOGIA EL			3 3 STREET ADDRESS 3 4 CITY-ST-ZIP				
CITY-ST-ZIP	PENSAUULA PL		64C	IY-S	T-ZIP		(OVII) Fig. (d. C)	

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 if chapter 617, Florida Statutes; and that my name

SIGNATURE:

ORE AND SHED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 (904)9686856

R2E037 (12/95)