## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

(9)

Mailing Address

OAKCREST BAPTIST CHURCH, INC.

## **FILED** Feb 21 1997 8:00am Secretary of State

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4000 WEST FAIRFIELD DRIVE 4000 WEST FAIRFIELD E PENSACOLA FL 32505-4"								• • • • • • • • • • • • • • • • • • • •						
								3.	Date Incorpore 09/08/1	ated or Qualified	3a Da	te of Last 05/20/1	Report 1 <b>996</b>	
2. Principal I	Place of Busine	SS	2a. Mai	iling Address		******		4.	FEI Number	0000		Z	Applied For	
21			26					59-1222322				lot Applicable		
Suite, Apt #, etc.			27 Suit	Suite, Apt. #, etc.			5.	Certificate of S	tatus Desired	red S8.75 Additional Fee Required				
City & State			City	City & State			6.	6. Election Campaign Financing \$5.00 M						
23			28		-1				Trust Fund Co				to Fees	
Zip	_	Country □	Zip		ļ	untry	!		•	on has liability for i			s. 199.032,	
24	Q Name a	5   nd Address of Curi	29	ri Agent	30	1			Florida Statute	s Idress of New Re	Yes [			
	p. 110.110 u					81	Name		***************************************					
CMITH	, Bobby Lee							4 75	0 D		Lax	***************************************		
	INOSA LANE					82	Street A	Address (P.	.O. Box Numbe	er is Not Acceptab	10)			
	COLA FL 32	526				83		***************************************						
1 4.101	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					84	City		······································			10F 1 7:	o Code	
						1					FL			
agent. I	am familiar with	ns of Sections 617.0 nt, or both, in the Sta , and accept the ob	502 and 617.19 ate of Florida. S ligations of, Se	508, Florida Stat Such change was ction 617,0503, I	utes, the a s authorize Florida Sta	bove d by	e-named the corp s.	corporation poration's b	n submits this s coard of directo	statement for the pars. I hereby accep	urpose of of the app	changing ointment a	its registered is registered	
SIGNATURE	Signature, typed o	printed name of registered	agent and title if app	licable (N	OTE: Registers	d Age	nt signature	required when	reinstating)		DATE			
12.		OFFICERS /	AND DIRECTOR		13.			Α	ADDITIONS/CH	ANGES TO OFFIC	ERS AND	DIRECTO	ORS IN 12	
TITLE	D			<b>≥</b> DELETE	1.1 T	TLE		D				K Change	Addition	
NAME	STARGE				1.2 N	IAME			Phe1ps					
STREET ADDRESS		SIPPI CIRCLE			1.3 S	TREET	ADDRESS		Georgia :					
CITY-ST-ZIP	PENSAC	OLA FL					T-ZIP	Pensa	<u>cola, F</u>	1. 32505				
TITL€	D	2011		☐ DELETE	2.1 T			ì				Change	Addition	
NAME	ZIEGLER					IAME							-	
STREET ADORESS		TER OAK TRAIL			- 1		ADDRESS							
CITY-ST-ZIP		MENT FL		DELETE			ST-ZIP		<del></del>	···	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
TITLE	D	MADNEY		L DECEIE	3.1 7					•		CHAIN!	ELLI ADDINUTI	
NAME PERFER LANGE		HARVEY Rald Ave.				IAME	ADDRESS							
STREET ADDRESS	PENSAC				4		ST-ZIP						ļ	
CITY+ST-ZIP TITLE	P	VOTE		DELETE	4.1 T		31" LIF				***************************************	Change	Addition	
NAME	<b>'</b>	BOBBY LEE				NAME								
STREET ADDRESS		IOSA LANE					ADDRESS							
CITY-ST-ZIP	PENSAC						ST-ZIP	}						
TITLE	T		·····	☐ DELETE		ITLE						Change	Addition	
NAME	BINGLE,	JEFF			521	<b>IAME</b>			•				,	
STREET ADDRESS					5.3 \$	STREET	ADDRESS							
CITY-ST-ZIP		IMENT FL			5.40	OTTY- S	ST-ZIP							
TITLE	C			DELETE		ITLE						Change	Addition	
NAME	SMITH, L	JNDA			6.21	NAME								
STREET ADDRESS		IOSA LANE			6.3 \$	STAEET	ADDRESS							
CITY-ST-ZIP	PENSAC	OLA FL			6.41	HY-8	ST-ZIP	<u> </u>						
1														

14. I do 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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.

SIGNATURE: