


FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90253 011 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711454

1. Corporation Name
OAKCREST BAPTIST CHURCH, INC.

Principal Place of Business 4000 WEST FAIRFIELD DRIVE PENSACOLA FL 32505	Mailing Address 4000 WEST FAIRFIELD DRIVE PENSACOLA FL 32505
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/08/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1222322
City & State 23	City & State 28	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

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

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHELPS, BILL	1.2 NAME	Fay, Frank
STREET ADDRESS	103 GEORGIA DR	1.3 STREET ADDRESS	4531 Guerlain Way
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, Fl
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEGLER, RON	2.2 NAME	
STREET ADDRESS	1496 WATER OAK TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAVES, HARVEY	3.2 NAME	
STREET ADDRESS	225 EMERALD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BOBBY LEE	4.2 NAME	
STREET ADDRESS	2681 TINOSA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAY, MARSHA	5.2 NAME	
STREET ADDRESS	4531 GUERLAIN WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LINDA	6.2 NAME	
STREET ADDRESS	2681 TINOSA LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	

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14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marsha C. Fay* DATE: *4-27-99*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Secretary/Treasurer* DAYTIME PHONE # *850-455-4561*

CR2E037 (1/98)