

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711454

1. Entity Name

OAKCREST BAPTIST CHURCH, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90232 009 ****61.25

Principal Place of Business

Mailing Address

4000 WEST FAIRFIELD DRIVE
 PENSACOLA FL 32505

4000 WEST FAIRFIELD DRIVE
 PENSACOLA FLA 32505-4733

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, BOBBY LEE
 2681 TINOSA LANE
 PENSACOLA FL 32526

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.

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**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PHELPS, BILL	
STREET ADDRESS	103 GEORGIA DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIEGLER, RON	
STREET ADDRESS	1496 WATER OAK TRAIL	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REAVES, HARVEY	
STREET ADDRESS	225 EMERALD AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, BOBBY LEE	
STREET ADDRESS	2681 TINOSA LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FAY, MARSHA	
STREET ADDRESS	4531 GUERLAIN WAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SMITH, LINDA	
STREET ADDRESS	2681 TINOSA LANE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phelps, Bill	
STREET ADDRESS	103 Georgia Dr.	
CITY-ST-ZIP	Pensacola, FL	
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ziegler, Ron	
STREET ADDRESS	1496 Water Oak Trail	
CITY-ST-ZIP	Cantonment, FL	
TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fay, Frank	
STREET ADDRESS	4531 Guerlain Way	
CITY-ST-ZIP	Pensacola, FL	
TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Bobby Lee	
STREET ADDRESS	2681 Tinosa Lane	
CITY-ST-ZIP	Pensacola, FL	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fay, Marsha	
STREET ADDRESS	4531 Guerlain Way	
CITY-ST-ZIP	Pensacola, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Bobby Lee Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2000 850-455-4561
 Date Daytime Phone #

CR2E037 (9/99)