

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N41737 (0)**

1. Corporation Name  
**OAKCREST BAPTIST CHURCH OF OCALA FLORIDA, INC.**



Principal Place of Business: **1109 NE 28TH ST OCALA FL 32670**  
Mailing Address: **1109 NE 28TH ST OCALA FL 32670**

3. Date Incorporated or Qualified: **01/18/1991**  
3a. Date of Last Report: **03/23/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number <b>59-0818922</b>	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TERRELL, WILLIAM D.</b> <b>1109 NE 28TH ST</b> <b>OCALA FL 34470</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PITTS, JEFFREY</b>	1.2 NAME	<b>Harding, Dean E.</b>
STREET ADDRESS	<b>550 N.E. 49TH STREET</b>	1.3 STREET ADDRESS	<b>3658 SE 46th Place</b>
CITY - ST - ZIP	<b>OCALA FL</b>	1.4 CITY - ST - ZIP	<b>Ocala Florida 34478-7371</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCKEITHEN, VANN E.</b>	2.2 NAME	<b>Hitt, Thomas P.</b>
STREET ADDRESS	<b>3227 NE 16TH CT</b>	2.3 STREET ADDRESS	<b>4407 NE 10th St.</b>
CITY - ST - ZIP	<b>OCALA FL</b>	2.4 CITY - ST - ZIP	<b>Ocala Florida 34470-8129</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALLESE, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>1025 NE 49TH ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>POD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERRELL, WILLIAM D</b>	4.2 NAME	
STREET ADDRESS	<b>1109 NE 28 STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL 34470</b>	4.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BULLA, DORIS</b>	5.2 NAME	
STREET ADDRESS	<b>1142 NE 8TH STREET</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL 34470</b>	5.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INGRAM, ANNIE R</b>	6.2 NAME	
STREET ADDRESS	<b>2211 NE 14TH STREET</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL 34470</b>	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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/16/96 352-629-7058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)