


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # N41737
 1. Entity 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
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01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0818922	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TERRELL, WILLIAM D.
 1109 NE 28TH ST
 OCALA, FL 34470

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000000642719
 03/01/07-80055-003 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, JEFFREY 655 NE 63RD ST OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, DAVID 5455 SW 22 PLACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITT, THOMAS P. 4407 NE 10TH STREET OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POD TERRELL, WILLIAM D 1109 NE 28 STREET OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BULLA, DORIS 1142 NE 8TH STREET OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHELFER, DIANE 1779 NE 34TH CT OCALA, FL 34479

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William D. Terrell **2/19/07** **352-629-7058**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #