


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 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
---	---

DO NOT WRITE IN THIS SPACE



03012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0818922	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input 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**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

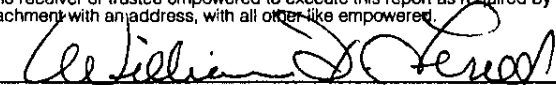
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000869825
04/09/08-80066-002 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

DO NOT WRITE IN THIS SPACE

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:  **3/17/08** **352-629-7058**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #