FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N41737

(0)

OAKCREST BAPTIST CHURCH OF OCALA FLORIDA, INC.

Principal Place of Business		Mailing Address					
1109 NE 28TH ST OCALA FL 32670		1109 NE 28TH ST OCALA FL 34470-3774					
:						3. Date Incorporated or Qualified 01/18/1991	3a. Date of Last Report 01/29/1996
2. Principal Pi	ace of Business	2a. Mailing Address 26				4. FEI Number 59-0818922	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	·	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	$\overline{}$	untry		8. This corporation has liability for	
24	9. Name and Address of Currer		30	1		Florida Statutes 10. Name and Address of New Re	Yes No
	9, Name and Address of Currer	it Registered Agent		81	Name	10. Name and Address of New He	Sisterad Wasur
				"	Hallie		
TERRELL, WILLIAM D.				82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)
1109 NE 28TH ST OCALA FL 34470				83			
OCALA	FL 344/U			3			
				84	City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the a	bove	-named corpo	oration submits this statement for the p	urpose of changing its registered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 617.0503, Flo	rida Sta	tutes	i,	on's board of directors. I hereby accep	it the appointment as registered
SIGNATURE _							
	Signature, typed or printed name of registered ago			d Age	nt elgnature required		DATE
12.		D DIRECTORS DELETE	13.	T. F		ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	D DETA ICCOMY	☐ DETEIE	1.1 T		1		CT CHANGE CT ADDRION
NAME	PITTS, JEFFREY			IAME	- 1		
STREET ADDRESS			1.3 \$	TREET	ADDRESS		
CITY-ST-ZIP			_	ITY - S	T-ZIP		
TITLE			2.1 T				Change Addition
NAME	HARDING, DEAN E.		2.2 N	AME			
STREET ADDRESS	3658 SE 46TH PLACE		2.3 S	TREET	ADDRESS		
CITY-ST-ZIP	OCALA FL		2.40	CITY - S	ST-ZIP		
TITLE	D	☐ DELETE	3.1 T	ITLE		· ·	☐ Change ☐ Addition
NAME	HITT, THOMAS P.		3.2 N	IAME			
STREET ADDRESS	4407 NE 10TH STREET		3.3 S	TREET	ADDRESS		
CITY-ST-ZIP	OCALA FL		3.4. (CITY-S	ST-ZIP		
TITLE	POD	☐ DELETE	4.1 T	ITLE			Change Addition
NAME	TERRELL, WILLIAM D		4.21	NAME			
STREET ADDRESS	1109 NE 28 STREET		4.3 S	TREET	ADDRESS		
CITY-ST-ZIP	OCALA FL 34470		4.4 0	HTY-S	T-21P		
TITLE	\$	DELETE	51 T				Change Addition

14. I do 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 of 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

BULLA, DORIS

OCALA FL 34470

INGRAM, ANNIE R

OCALA FL 34470

1142 NE 8TH STREET

2211 NE 14TH STREET

NATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

DELETE

12197 352-619-7058 Date Devime Prome # 0085834

Change

■ Addition

FILED

Feb 06 1997 8:00am

Secretary of State