


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41737 (0)**  
 1. Corporation Name  
**OAKCREST BAPTIST CHURCH OF OCALA FLORIDA, INC.**



Principal Place of Business <b>1109 NE 28TH ST OCALA FL 32670</b>	Mailing Address <b>1109 NE 28TH ST OCALA FL 32670</b>
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3. Date Incorporated or Qualified <b>01/18/1991</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-0818922</b>		

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**TERRELL, WILLIAM D.**  
**1109 NE 28TH ST**  
**OCALA FL 34470**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PITTS, JEFFREY</b>	
STREET ADDRESS	<b>850 N.E. 49TH STREET</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARDING, DEAN E.</b>	
STREET ADDRESS	<b>3658 SE 46TH PLACE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HITT, THOMAS P.</b>	
STREET ADDRESS	<b>4407 NE 10TH STREET</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>POD</b>	<input type="checkbox"/> DELETE
NAME	<b>TERRELL, WILLIAM D</b>	
STREET ADDRESS	<b>1109 NE 28 STREET</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BULLA, DORIS</b>	
STREET ADDRESS	<b>1142 NE 8TH STREET</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>INGRAM, ANNIE R</b>	
STREET ADDRESS	<b>2211 NE 14TH STREET</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>D. Kent Taylor</b>
1.4 CITY-ST-ZIP	<b>4178 N.E. 19th Ave</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>OCALA, FL 34479</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 \_\_\_\_\_

CR2E037 (10/97)