


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90215 024 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41737**

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified <b>01/18/1991</b>	4. FEI Number <b>59-0818922</b>
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	Applied For Not Applicable
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent  <b>TERRELL, WILLIAM D.</b> <b>1109 NE 28TH ST</b> <b>OCALA FL 34470</b>	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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, JEFFREY	1.2 NAME	POPE, ROYCE
STREET ADDRESS	550 N.E. 49TH STREET	1.3 STREET ADDRESS	1513 NE 95 STREET
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	ANTHONY, FLORIDA 32617
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, KENT	2.2 NAME	EVANS, DAVID
STREET ADDRESS	4178 NE 19TH AVE	2.3 STREET ADDRESS	5455 SE 22 PLACE
CITY-ST-ZIP	OCALA FL 34479	2.4 CITY-ST-ZIP	OCALA, FLORIDA 34471-5877
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITT, THOMAS P.	3.2 NAME	
STREET ADDRESS	4407 NE 10TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	POD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRELL, WILLIAM D	4.2 NAME	
STREET ADDRESS	1109 NE 28 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLA, DORIS	5.2 NAME	
STREET ADDRESS	1142 NE 8TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAM, ANNIE R	6.2 NAME	
STREET ADDRESS	2211 NE 14TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	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 of an attachment with an address, with all other like empowered.

SIGNATURE: *William D. Terrell* 1/21/99 352-629-7058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)