

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41737

1. Entity Name

OAKCREST BAPTIST CHURCH OF OCALA FLORIDA, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90001 020 ****61.25

Principal Place of Business 1109 NE 28TH ST OCALA FL 32670	Mailing Address 1109 NE 28TH ST OCALA FL 34470-3774
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
Zip	Country

4. FEI Number **59-0818922** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** | Zip Code

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.

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

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

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, JEFFREY 550 N.E. 49TH STREET OCALA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, KENT 4178 NE 19TH AVE. OCALA FL 34479 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITT, THOMAS P. 4407 NE 10TH STREET OCALA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POD TERRELL, WILLIAM D 1109 NE 28 STREET OCALA FL 34470 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BULLA, DORIS 1142 NE 8TH STREET OCALA FL 34470 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INGRAM, ANNIE R 2211 NE 14TH STREET OCALA FL 34470 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David E Jaws <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5455 SE 22 Place Ocala, FL 34471-5877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Royce Pope <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 428 1513 NE 95 St. Arroyo, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00 *352-629-7058*
 Date Daytime Phone #