

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

0078473

02-02-2001 90285 043 ****61.25

DOCUMENT # N41737

1. Entity Name

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 32670

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0818922

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PITTS, JEFFREY	
STREET ADDRESS	550 N.E. 49TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, DAVID	
STREET ADDRESS	5455 SW 22 PLACE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	HITT, THOMAS P.	
STREET ADDRESS	4407 NE 10TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	POD	<input type="checkbox"/> Delete
NAME	TERRELL, WILLIAM D	
STREET ADDRESS	1109 NE 28 STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	S	<input type="checkbox"/> Delete
NAME	BULLA, DORIS	
STREET ADDRESS	1142 NE 8TH STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	T	<input type="checkbox"/> Delete
NAME	INGRAM, ANNIE R	
STREET ADDRESS	2211 NE 14TH STREET	
CITY-ST-ZIP	OCALA FL 34470	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

1/29/01 *352-629-7058*
 Date Daytime Phone #

CF-5037 (10/00)