

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90030 012 \*\*\*\*61.25

0059039

**DOCUMENT # N41737**

1. Entity 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

**90005139**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0818922**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 352629-7058

CR2E037 (10/02)