

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb. 18, 2004 08:00 AM
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE



02162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0818922	Applied For <input type="checkbox"/> 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

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

U00000055680
02/18/04-80014-005 61.25

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2/16/04 (352) 629-7058
Date Daytime Phone #