

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90086 003 ****61.25

DOCUMENT # N95000005657
 1. Entity Name
 OAK CREST UNITED METHODIST CHURCH, INC.



Principal Place of Business: 5900 RICKER ROAD, JACKSONVILLE, FL 32244
 Mailing Address: 5900 RICKER ROAD, JACKSONVILLE, FL 32244

50021630



02182005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-1166311	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CARRIS, JEROME P III
 5900 RICKER ROAD
 JACKSONVILLE, FL 32244

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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, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, JOAN 7603 COACH PARK DR JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRINGTON, RUTH 7449 LEROY DR JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALLAWAY, KENNY 22838 BRANDON RD LAWTEY, FL 32058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOWE, JOEL 8214 SAWMILL CREEK RD JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, PEGGY 7977 JAGUAR DR JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEAN, BARBARA 6822 GOLFVIEW ST JACKSONVILLE, FL 32210

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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: Peggy Stone (Margaret A.) Date: 2-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 904-777-6444