


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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**



04132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1166311

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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 BUSACK, ERNIE 4725 LOFTY PINE CIR., E JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOREE, DONNIE 6969 RICKER ROAD 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 GOLFPVIEW ST JACKSONVILLE, FL 32210

05/27/08-80060-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 I am empowered.

SIGNATURE: *Ernest W. Busack* Ernest W. Busack 4/20/08 (904) 771-6444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #