

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005657

FILED
Jun 23, 2009
Secretary of State

Entity Name: OAK CREST UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

5900 RICKER ROAD
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

5900 RICKER ROAD
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 59-1166311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARRIS, JEROME P III
5900 RICKER ROAD
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUSACK, ERNIE
Address: 4725 LOFTY PINE CIR., E
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: BOREE, DONNIE
Address: 6969 RICKER ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD () Delete
Name: CALLAWAY, KENNY
Address: 22838 BRANDON RD
City-St-Zip: LAWTEY, FL 32058

Title: D () Delete
Name: STOWE, JOEL
Address: 8214 SAWMILL CREEK RD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: STONE, PEGGY
Address: 7977 JAGUAR DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD () Delete
Name: DEAN, BARBARA
Address: 6822 GOLVIEW ST
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOUIN, DONNA
Address: 3039 PLUM ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: KRAMER, BOBBI
Address: 2528 LOURDES DR. W.
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA CALLAWAY

AA

06/23/2009

Electronic Signature of Signing Officer or Director

_____ Date