

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 31 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005657 (0)**  
1. Corporation Name  
**OAK CREST UNITED METHODIST CHURCH, INC.**



Principal Place of Business <b>5900 RICKER ROAD JACKSONVILLE FL 32244</b>	Mailing Address <b>5900 RICKER ROAD JACKSONVILLE FL 32244-2602</b>
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3. Date Incorporated or Qualified <b>11/28/1995</b>	3a. Date of Last Report <b>04/03/1996</b>
4. FEI Number <b>59-1166311</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent  
**WEATHERLY, GUYTON  
5900 RICKER ROAD  
JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHIRLEY, JAMES G</b>	
STREET ADDRESS	<b>8056 PINEVERDE LN</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CREEL, FRANK</b>	
STREET ADDRESS	<b>8187 LOCH LOMOND LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32244</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>BISCHOFF, CHARLES</b>	
STREET ADDRESS	<b>5741 TEMPEST STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32244</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BOREE, DONNIE</b>	
STREET ADDRESS	<b>6969 RICKER ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32244</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>KNOWLES, GWEN</b>	
STREET ADDRESS	<b>4923 PERRINE DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>MIRALES, JOE</b>	
STREET ADDRESS	<b>6335 CHECKMATE LN</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Keith Carter</b>	
1.3 STREET ADDRESS	<b>294 Aquarius Conc.</b>	
1.4 CITY-ST-ZIP	<b>Orange Park, FL 32073</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Butch Amberger</b>	
3.3 STREET ADDRESS	<b>7235 Zapata Dr.</b>	
3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donnie Boree* 1/2/97 904/771-8669  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (XXXX)XXXX

CR2E037 (9/96)