

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 5900 RICKER ROAD JACKSONVILLE FL 32244	Mailing Address 5900 RICKER ROAD JACKSONVILLE FL 32244
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21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
11/28/1995

4. FEI Number **59-1166311**
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, KEITH	1.2 NAME	Floyd Matthews
STREET ADDRESS	294 AQUARIUS CONC.	1.3 STREET ADDRESS	7818 Falcon St.
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32244
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREEL, FRANK	2.2 NAME	Joel Stowe
STREET ADDRESS	8167 LOCH LOMOND LANE	2.3 STREET ADDRESS	8214 SawMill Creek Rd.
CITY-ST-ZIP	JACKSONVILLE FL 32244	2.4 CITY-ST-ZIP	Jacksonville, FL 32244
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBERGER, BUTCH	3.2 NAME	
STREET ADDRESS	7235 ZAPATA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOREE, DONNIE	4.2 NAME	Charles Bischoff
STREET ADDRESS	6969 RICKER ROAD	4.3 STREET ADDRESS	5741 Tempest St.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32244
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOWLES, GWEN	5.2 NAME	Lynn Shirley
STREET ADDRESS	4923 PERRINE DRIVE	5.3 STREET ADDRESS	8056 Pineverde Ln.
CITY-ST-ZIP	JACKSONVILLE FL 32210	5.4 CITY-ST-ZIP	Jacksonville, FL 32244
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRALES, JOE	6.2 NAME	Rod Silao
STREET ADDRESS	6335 CHECKMATE LN	6.3 STREET ADDRESS	6285 Cranberry Ln. W.
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Jacksonville, FL 32244

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Charles Bischoff *(Charles Bischoff)* **1/12/98** **771-6444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006419

CR2E037 (10/97)