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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000005657

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

11/28/1995

22 City & State

27 City & State

4. FEI Number
 59-1166311

Applied For...
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEATHERLY, GUYTON
 5900 RICKER ROAD
 JACKSONVILLE FL 32244

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 D
 NAME MATTHEWS, FLOYD
 STREET ADDRESS 7818 FALCON ST
 CITY-ST-ZIP JACKSONVILLE FL 32244

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 PD
 NAME STOWE, JOEL
 STREET ADDRESS 8214 SAWMILL CREEK RD
 CITY-ST-ZIP JACKSONVILLE FL 32244

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 D
 NAME AMBERGER, BUTCH
 STREET ADDRESS 7235 ZAPATA DR
 CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE Change Addition
 3.2 NAME Richard Roark
 3.3 STREET ADDRESS 7657 Jimmy Ln.
 3.4 CITY-ST-ZIP Jacksonville, FL 32244

TITLE DELETE
 PD
 NAME BISCHOFF, CHARLES
 STREET ADDRESS 5741 TEMPEST ST
 CITY-ST-ZIP JACKSONVILLE FL 32244

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 D
 NAME SHIRLEY, LYNN
 STREET ADDRESS 8056 PINEVERDE LN
 CITY-ST-ZIP JACKSONVILLE FL 32244

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 D
 NAME SILAO, ROD
 STREET ADDRESS 6285 CRANBERRY LN W
 CITY-ST-ZIP JACKSONVILLE FL 32244

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Charles Bischoff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

904-354-4838

Date

Daytime Phone #

CR2E037 (1/98)