

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90041 019 ****61.25

DOCUMENT # N95000005657

1. Entity Name

OAK CREST UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

**5900 RICKER ROAD
 JACKSONVILLE FL 32244**

**5900 RICKER ROAD
 JACKSONVILLE FL 32244-2602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1166311

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEATHERLY, GUYTON
 5900 RICKER ROAD
 JACKSONVILLE FL 32244**

Name **Otero, Carlos R.**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE *Carlos R. Otero*
 Signature, typed or printed name of registered agent and title if applicable.

Carlos R. Otero, Pastor
 (NOTE: Registered Agent signature required when reinstating)

2/9/00
 DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATTHEWS, FLOYD	
STREET ADDRESS	7818 FALCON ST	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STOWE, JOEL	
STREET ADDRESS	8214 SAWMILL CREEK RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROARK, RICHARD	
STREET ADDRESS	7657 JIMMY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BISCHOFF, CHARLES	
STREET ADDRESS	5741 TEMPEST ST	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIRLEY, LYNN	
STREET ADDRESS	8056 PINEVERDE LN	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILAO, ROD	
STREET ADDRESS	6285 CRANBERRY LN W	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

TITLE	D/S¹	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Cooper	
STREET ADDRESS	7603 Coach Park Dr.	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Creel	
STREET ADDRESS	168 Devoe St.	
CITY-ST-ZIP	Jacksonville, FL 32220	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane Patterson	
STREET ADDRESS	2467 Larchwood St.	
CITY-ST-ZIP	Orange Park, FL 32065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Shirley	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willis Webb	
STREET ADDRESS	8379 Barracuda Rd.	
CITY-ST-ZIP	Jacksonville, FL 32244	

12. 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 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 like empowered.

SIGNATURE: *Charles Bischoff* **Charles Bischoff**

2/9/00

(904) 771-6444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)