

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90196 025 \*\*\*\*61.25

**DOCUMENT # N95000005657**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1166311**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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, Gabriel 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

*Gabriel R. Otero*

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

(NOTE: Registered Agent signature required when reinstating)

*1/22/01*

DATE

**FILE NOW:**  
**FEF 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>COOPER, JOAN</b> <b>7603 COACH PARK DR</b> <b>JACKSONVILLE FL 32244</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CREEL, FRANK</b> <b>168 DEVOE ST</b> <b>JACKSONVILLE FL 32220</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATTERSON, JANE</b> <b>2467 LARCHWOOD ST</b> <b>ORANGE PARK FL 32065</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BISCHOFF, CHARLES</b> <b>5741 TEMPEST ST</b> <b>JACKSONVILLE FL 32244</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHIRLEY, JIM</b> <b>8056 PINEVERDE LN</b> <b>JACKSONVILLE FL 32244</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>WEBB, WILLIS</b> <b>8379 BARRACUDA RD</b> <b>JACKSONVILLE FL 32244</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Leonard L. Carr, Jr.</b> <b>10425 Innisbrook Dr.</b> <b>Jacksonville, FL 32222</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <b>Bill Midgett</b> <b>430 LaPaz Place</b> <b>Orange Park, FL 32073</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Leonard L. Carr, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/22/01*

Daytime Phone #

(904) 771-6444

UBR 01/28/01