

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90010 014 ****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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1166311

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

JEROME P Carris, III

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

5900 Ricker Rd

City

Jacksonville

FL

Zip Code

32244

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jerome P. Carris, III

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	COOPER, JOAN	
STREET ADDRESS	7603 COACH PARK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CREEL, FRANK	
STREET ADDRESS	168 DEVOE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTERSON, JANE	
STREET ADDRESS	2487 LARCHWOOD ST	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARR, LEONARD L JR.	
STREET ADDRESS	10425 INNISBROOK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MIDGETT, BILL	
STREET ADDRESS	430 LAPAZ PLACE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WEBB, WILLIS	
STREET ADDRESS	8379 BARRACUDA RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth Arrington	
STREET ADDRESS	7449 Leroy Dr	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joel Stowe	
STREET ADDRESS	8214 Sawmill Creek Rd	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peggy Stone	
STREET ADDRESS	7977 Jaguar Dr.	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Joan A Cooper
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-02

630-2499

CR2E037 (4/02)