


FILED
Aug 03, 2004 8:00 am
Secretary of State

07-20-2004 90002 019 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARRIS, JEROME P III 5900 RICKER ROAD JACKSONVILLE, FL 32244		Name 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD COOPER, JOAN 7603 COACH PARK DR JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D ARRINGTON, RUTH 7449 LEROY DR JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D PATTERSON, JANE 2467 LARCHWOOD ST ORANGE PARK, FL 32065 <input checked="" type="checkbox"/> Delete	TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Kenny Callaway
STREET ADDRESS		STREET ADDRESS	22838 Brandon Rd.
CITY-ST-ZIP		CITY-ST-ZIP	Lawley, FL 32058
TITLE	D STOWE, JOEL 8214 SAWMILL CREEK RD JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D STONE, PEGGY 7977 JAGUAR DR JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DVP WEBB, WILLIS 8379 BARRACUDA RD JACKSONVILLE, FL 32244 <input checked="" type="checkbox"/> Delete	TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Barbara Dean
STREET ADDRESS		STREET ADDRESS	6822 Golfview St.
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, FL 32210
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: <u>Barbara Dean</u> Barbara T Dean		Date: <u>7/31/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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