

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701191 (9)

1. Corporation Name

LIVE OAK CHRISTIAN CHURCH, INCORPORATED



Principal Place of Business 1010 N HAMILTON AVE P O BOX 388 LIVE OAK FL 32060-0388	Mailing Address 1010 N HAMILTON AVE P O BOX 388 LIVE OAK FL 32060-0388
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3. Date Incorporated or Qualified 07/14/1960	3a. Date of Last Report 04/18/1995
4. FEI Number 59-6202028	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

BASS, S C JR.  
ROUTE 10 BOX 340  
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name Rosa L. Burns  
82 Street Address (P.O. Box Number is Not Acceptable) 9967-52nd Terrace  
83  
84 City Live Oak FL 85 Zip Code 32060

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, 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 617.003, Florida Statutes.

SIGNATURE *Rosa L. Burns* DATE 4/18/96

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	BURNS, ROSA L.	
STREET ADDRESS	RT. 1 BOX 67	
CITY - ST - ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOUCHTON, ROD	
STREET ADDRESS	RT 8 BOX 87	
CITY - ST - ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARUTHERS, JESSIE G JR.	
STREET ADDRESS	SUNSHINE RANCHES LOT 2	
CITY - ST - ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COPELAND, GUY	
STREET ADDRESS	RT 3, BOX 352	
CITY - ST - ZIP	LIVE OAK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Burns, Rosa L.	
1.3 STREET ADDRESS	9967-52nd Terrace	
1.4 CITY - ST - ZIP	Live Oak, FL 32060	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Rosa L. Burns, Secretary-Treas. *Rosa L. Burns* DATE 4/18/96 362-3417

CR2E037 (12/95)