

FILE NOW: FILING FEE IS \$61.25

FILED  
May 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 701191 (9)**  
1. Corporation Name  
**LIVE OAK CHRISTIAN CHURCH, INCORPORATED**



Principal Place of Business <b>1010 N HAMILTON AVE P O BOX 388 LIVE OAK FL 32060-0388</b>	Mailing Address <b>1010 N HAMILTON AVE P O BOX 388 LIVE OAK FL 32060-0388</b>
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3. Date Incorporated or Qualified <b>07/14/1960</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>59-6202028</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**ROSA L. BURNS  
9967 52ND TERRACE  
LIVE OAK FL 32060**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNS, ROSA L.</b>	1.2 NAME	
STREET ADDRESS	<b>9967 52ND TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOUCHTON, ROD</b>	2.2 NAME	<b>Touchton, Rod</b>
STREET ADDRESS	<b>RT 8 BOX 87</b>	2.3 STREET ADDRESS	<b>12775 Railroad St.</b>
CITY-ST-ZIP	<b>LIVE OAK FL</b>	2.4 CITY-ST-ZIP	<b>Live Oak, FL 32060</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARUTHERS, JESSIE G JR.</b>	3.2 NAME	<b>Caruthers, Jesse</b>
STREET ADDRESS	<b>SUNSHINE RANCHES LOT 2</b>	3.3 STREET ADDRESS	<b>16705-72nd Terrace</b>
CITY-ST-ZIP	<b>LIVE OAK FL</b>	3.4 CITY-ST-ZIP	<b>Live Oak, FL 32060</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COPELAND, GUY</b>	4.2 NAME	<b>Copeland, Guy</b>
STREET ADDRESS	<b>RT 3, BOX 352</b>	4.3 STREET ADDRESS	<b>11152-142nd St.</b>
CITY-ST-ZIP	<b>LIVE OAK FL</b>	4.4 CITY-ST-ZIP	<b>Live Oak, FL 32060</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Brakenwagen, Steven</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>13365-106th Place</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Live Oak, FL 32060</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Hurst, Wade</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>12382-110th St.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Live Oak, FL 32060</b>

14. I do 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 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 **4-17-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000734

CR2E037 (9/96)