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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90152 048 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701191

1. Corporation Name
LIVE OAK CHRISTIAN CHURCH, INCORPORATED

Principal Place of Business 1015 OHIO AVE N P O BOX 388 LIVE OAK FL 32060 US	Mailing Address POB 388 P O BOX 388 LIVE OAK FL 32060 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/14/1960
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6202028
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Country 25	Zip 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 30	Country 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 **FL** 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		
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BURNS, ROSA L.	
STREET ADDRESS	9967 52ND TERRACE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOUCHTON, ROD	
STREET ADDRESS	12775 RAILROAD ST.	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARUTHERS, JESSE	
STREET ADDRESS	16705-72ND TERRACE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COPELAND, GUY	
STREET ADDRESS	11152-142ND ST.	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRAKENWAGEN, STEVEN	
STREET ADDRESS	13365-106TH PLACE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HURST, WADE	
STREET ADDRESS	12382-110TH ST.	
CITY-ST-ZIP	LIVE OAK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with all other like empowered.

SIGNATURE: Rosa L. Burns **SIGNATURE REQUIRED** Date: 4-13-99 Daytime Phone #: 904-362-2231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)