

2002 UNIFORM BUSINESS REPORT (UBR)

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

0056225

DOCUMENT # 701191

05-09-2002 90008 045 ****70.00

1. Entity Name

LIVE OAK CHRISTIAN CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

1015 OHIO AVE N
 P O BOX 388
 LIVE OAK FL 32060
 US

POB 388
 P O BOX 388
 LIVE OAK FL 32060
 US

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 **59-6202028**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSA L. BURNS
9967 52ND TERRACE
LIVE OAK FL 32060

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Delete
NAME	BURNS, ROSA L.	
STREET ADDRESS	9967 52ND TERRACE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, CLIFFORD SR	
STREET ADDRESS	16335 98TH ST.	
CITY-ST-ZIP	LIVE-OAK-FL-32060	
TITLE	D	<input checked="" 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	JONES, ROBERT	
STREET ADDRESS	18756 HWY 129 S.	
CITY-ST-ZIP	MC ALPIN FL 32062	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURST, WADE	
STREET ADDRESS	12382-110TH ST.	
CITY-ST-ZIP	LIVE OAK FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Clifford Wilson, Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16795-76th St.	
STREET ADDRESS	Live Oak, FL 32060	
CITY-ST-ZIP		
TITLE	Jesse Caruthers	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17325-76th St.	
STREET ADDRESS	Live Oak, FL 32060	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *SIGNATURE OF ROSA L. BURNS*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 386-362-2231
 Date Daytime Phone #

CR2E037 (9/01)