


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90028 039 ****61.25

DOCUMENT # 701191

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**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MOLLY S. HOWARD**

Street Address (P.O. Box Number is Not Acceptable)
6204 - 129th Rd

City **Live Oak** FL Zip Code **32060**

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 Molly S. Howard **TREASURER** DATE **2-16-04**

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
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" 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	WILSON, JR., CLIFFORD	
STREET ADDRESS	16795 76TH ST.	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARUTHERS, JESSE	
STREET ADDRESS	17325 76TH ST.	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> Delete
NAME	COPELAND, GUY	
STREET ADDRESS	11152-142ND ST.	
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	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOELKEN, DAN	
STREET ADDRESS	6116 CR 136-A	
CITY-ST-ZIP	LIVE OAK FL 32060	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, MOLLY S.	
STREET ADDRESS	6204 - 129th Rd	
CITY-ST-ZIP	LIVE OAK, FL 32060	
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		
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: Molly S. Howard **Treasurer** **2-16-04** **386-364-2803**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #