


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 701191 1. Entity Name LIVE OAK CHRISTIAN CHURCH, INCORPORATED	
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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	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-6202028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOWARD, MOLLY S
6204 129TH RD
LIVE OAK FL 32060**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006**

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		<input type="checkbox"/> Delete
TITLE	T	
NAME	HOWARDS, MOLLY S	
STREET ADDRESS	6204 129TH RD	
CITY- ST- ZIP	LIVE OAK FL 32060	
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	HOWARD, RONNY	
STREET ADDRESS	6204 129TH RD	
CITY- ST- ZIP	LIVE OAK FL 32060	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 4-27-06 (cell) 386-590-6491