

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# 701191

Entity Name: LIVE OAK CHRISTIAN CHURCH, INCORPORATED

Current Principal Place of Business:

1015 OHIO AVE N
P O BOX 388
LIVE OAK, FL 32064 US

New Principal Place of Business:

1015 OHIO AVE N
LIVE OAK, FL 32064 US

Current Mailing Address:

1015 OHIO AVE N
P O BOX 388
LIVE OAK, FL 32064 US

New Mailing Address:

1015 OHIO AVE N
LIVE OAK, FL 32064 US

FEI Number: 59-6202028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HOWARDS, MOLLY S
Address: 6204 129TH RD
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: WILSON, JR., CLIFFORD
Address: 16795 76TH ST.
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: CARUTHERS, JESSE
Address: 17325 76TH ST.
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: TDELKEN, DANIEL
Address: 6116 CR 136A
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: HURST, WADE
Address: 12382-110TH ST.
City-St-Zip: LIVE OAK, FL

Title: D () Delete
Name: HOWARD, RONNY
Address: 6204 129TH RD
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOLLY S. HOWARD

TREA

03/28/2009

Electronic Signature of Signing Officer or Director

Date