2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010577

1. Entity Name
SHADY GROVE BAPTIST CHURCH OF LIVE OAK, FLORIDA INC.

Principal Place of Business	Mailing Address
5858 RIVER ROAD LIVE OAK, FL 32060	5858 RIVER ROAD LIVE OAK, FL 32060

01302006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
02-0735001
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HINGSON SR., H. DAVID
14370 CR 252
LIVE OAK, FL 32062

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HINGSON SR, H. DAVID
STREET ADDRESS	14370 CR 252
CITY-ST-ZIP	LIVE OAK, FL 32030
TITLE	VP
NAME	LINTON, ALFRED
STREET ADDRESS	4800 RIVER ROAD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	T
NAME	LINTON, ERIKA
STREET ADDRESS	4800 RIVER ROAD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	C
NAME	STRATTON, CINDY
STREET ADDRESS	8072 161ST. ST
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	GREST, STEVE
STREET ADDRESS	20170 46TH ST
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	FOLEY, JOHN
STREET ADDRESS	501 S.W. 5TH ST
CITY-ST-ZIP	LIVE OAK, FL 32060

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02/11/06-80036-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Erika Linton ERIKA LINTON (TREAS) 1-30-06 386-364-1590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #