2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N04000010577

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

Current Principal Place of Business:

5858 RIVER ROAD
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

4800 RIVER ROAD
LIVE OAK, FL 32060

New Mailing Address:

FEI Number: 02-0735001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINGSON SR., H. DAVID
14370 CR 252
LIVE OAK, FL 32062 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: P ( ) Delete
Name: HINGSON SR, H. DAVID
Address: 14370 CR 252
City-St-Zip: LIVE OAK, FL 32030

Title: VP ( ) Delete
Name: LINTON, ALFRED
Address: 4800 RIVER ROAD
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete
Name: LINTON, ERIKA
Address: 4800 RIVER ROAD
City-St-Zip: LIVE OAK, FL 32060

Title: C ( ) Delete
Name: ROGERS, ALI
Address: 4838 RIVER ROAD
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete
Name: GREST, STEVE
Address: 20170 46TH ST
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete
Name: FOLEY, JOHN
Address: 13656 - 93RD DRIVE
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: C (X) Change ( ) Addition
Name: OBER, CAROLYN
Address: 21194 - 76TH ST.
City-St-Zip: LIVE OAK, FL 32060

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: ERIKA LINTON T 01/06/2009

Electronic Signature of Signing Officer or Director — Date