

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701191

**FILED  
Mar 10, 2018  
Secretary of State  
CC1600186286**

**Entity Name:** LIVE OAK CHRISTIAN CHURCH, INCORPORATED

**Current Principal Place of Business:**

1015 OHIO AVE N  
LIVE OAK, FL 32064

**Current Mailing Address:**

PO BOX 388  
LIVE OAK, FL 32064 US

**FEI Number: 59-6202028**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HOWARD, MOLLY S  
11943 CR 132  
LIVE OAK, FL 32060 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           HOWARD, MOLLY S  
Address        11943 CR 132  
City-State-Zip: LIVE OAK FL 32060

Title           ELDER  
Name           CARUTHERS, JESSE  
Address        17325 76TH ST.  
City-State-Zip: LIVE OAK FL 32060

Title           ELDER  
Name           HOWARD, RONALD WARREN  
Address        11943 CR 132  
City-State-Zip: LIVE OAK FL 32060

Title           DEACON  
Name           MEEKS, JAMES REID  
Address        1319 DEMETREE STREET  
City-State-Zip: LIVE OAK FL 32064

Title           DEACON  
Name           ZONNEVYLLE, THOMAS JAMES  
Address        8654 133RD LN  
City-State-Zip: LIVE OAK FL 32060

Title           SECRETARY  
Name           ELIZER, LORRAINE  
Address        5631 155TH DRIVE  
City-State-Zip: LIVE OAK FL 32060

Title           DEACON  
Name           GENTES, HARRY  
Address        7441 137TH PLACE  
City-State-Zip: LIVE OAK FL 32060

Title           DEACON  
Name           LAND, JOHN III  
Address        19625 127TH DRIVE  
City-State-Zip: O'BRIEN FL 32071

*I hereby 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 all other like empowered.*

**SIGNATURE: MOLLY S. HOWARD**

**TREASURER**

**03/10/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date