


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90078 001 ****61.25

DOCUMENT # 701191 1. Entity Name LIVE OAK CHRISTIAN CHURCH, INCORPORATED					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOWARD, MOLLY S 6204 129TH RD LIVE OAK FL 32060				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T		<input type="checkbox"/> Delete		
NAME	HOWARD, MOLLY S		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	6204 129TH RD		TITLE		
CITY - ST - ZIP	LIVE OAK FL 32060		NAME		
TITLE	D		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, JR., CLIFFORD		STREET ADDRESS		
STREET ADDRESS	16795 76TH ST.		CITY - ST - ZIP		
CITY - ST - ZIP	LIVE OAK FL 32060		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARUTHERS, JESSE		TITLE		
STREET ADDRESS	17325 76TH ST.		NAME		
CITY - ST - ZIP	LIVE OAK FL 32060		STREET ADDRESS		
TITLE	D		CITY - ST - ZIP		
NAME	COPELAND, GUY		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	11152-142ND ST.		TITLE		
CITY - ST - ZIP	LIVE OAK FL		NAME		
TITLE	D		STREET ADDRESS		
NAME	HURST, WADE		CITY - ST - ZIP		
STREET ADDRESS	12382-110TH ST.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP	LIVE OAK FL		TITLE		
TITLE	D		NAME		
NAME	HOWARD, RONNY		STREET ADDRESS		
STREET ADDRESS	6204 129TH RD		CITY - ST - ZIP		
CITY - ST - ZIP	LIVE OAK FL 32060		<input type="checkbox"/> Change <input type="checkbox"/> Addition		



1st MOORE CR2E037 (10/06)

4. FEI Number **59-6202028** Applied For ☐ Not Applicable

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

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* **4-24-07** **386-362-1285**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #