2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714550

FILED Mar 24, 2008 Secretary of State

Entity Name: BIBLE BAPTIST CHURCH OF LIVE OAK, INC. **Current Principal Place of Business: New Principal Place of Business:** CORNER OF EVA & BRYSON STS 321 EVA AVE NE LIVE OAK, FL 32060 LIVE OAK, FL 32064 US **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 1296 321 EVA AVE NE LIVE OAK, FL 32060 LIVE OAK, FL 32064 US FEI Number: 59-2995730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAILEY, BRAD 9657 135TH DR. 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BAILEY, BRAD Name: Name: Address: 9657 135TH DR Address: City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: TRUAX, LARRY Name: TRUAX, LARRY Address: 359 SOUTHWEST CREST CIRCLE Address: 359 SOUTHWEST GLEN CREST City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: LAKE CITY, FL 32024 Title: () Delete Title: () Change () Addition BROOKINS, LAVERN Name: Name: Address: 13914 78TH ST. Address: City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: NORRIS, OLIVER C Name: Address: 13780 92ND TRACE Address: City-St-Zip: LIVE OAK, FL 32060 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: BRAD BAILEY PD 03/24/2008