

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 MAY -1 AM 11:41****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # 715266 (3)**

1. Corporation Name

UNION CHRISTIAN CHURCH OF LIVE OAK, FLORIDA, INC

Principal Place of Business

Mailing Address

**LIVE OAK FLORIDA INC
POST OFFICE BOX 696 820 S. OHIO AVE.
LIVE OAK FL 32060****LIVE OAK FLORIDA INC
POST OFFICE BOX 696 820 S. OHIO AVE.
LIVE OAK FL 32060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1968

3a. Date of Last Report

04/12/1994

4. FEI Number

59-2375334

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status☒**\$68.75 Supplemental
Fee Not Required**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.**26** Suite, Apt. #, etc.**22** City & State**27** City & State**23** Zip**25** Country**28** Zip**30** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARNES, MARGUERITE
820 S OHIO AVE
LIVE OAK FL 32060**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**D
BOZEMAN, E LOUIE
105 MERRYMACK STREET
LIVE OAK, FL 00000**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP☐ Change ☐ Addition**D
CLAYTON, JOE
RT 1 BOX 113
LIVE OAK, FL 00000**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP☐ Change ☐ Addition**DST
BARNES, MARGUERITE
820 S OHIO AVENUE
LIVE OAK, FL 00000**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marguerite Barnes MARGUERITE BARNES-4-21-95 362-1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee