

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified 09/16/1968
3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (Applicable)

(Initials) Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOZEMAN, E LOUIE	
STREET ADDRESS	105 MERRYMACK STREET	
CITY - ST - ZIP	LIVE OAK, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLAYTON, JOE	
STREET ADDRESS	RT 1 BOX 113	
CITY - ST - ZIP	LIVE OAK, FL 00000	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BARNES, MARGUERITE	
STREET ADDRESS	820 S OHIO AVENUE	
CITY - ST - ZIP	LIVE OAK, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	D. BERNICE CLAYTON,
23 STREET ADDRESS	RT 1 BOX 113,
24 CITY - ST - ZIP	LIVE OAK, FLA 32060
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	300001859423
53 STREET ADDRESS	-06/12/96--01032--008
54 CITY - ST - ZIP	***61.25
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 119.07(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 617, 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** 4-26-96 362-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)