

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32060-3852

3. Date Incorporated or Qualified 09/16/1968 3a. Date of Last Report 06/11/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

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
BARNES, MARGUERITE
820 S OHIO AVE
LIVE OAK FL 32060
10. Name and Address of New Registered Agent
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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		1.1 TITLE	Change	Addition	
NAME	BOZEMAN, E LOUIE			1.2 NAME			
STREET ADDRESS	105 MERRYMAC STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK, FL 00000			1.4 CITY-ST-ZIP			
TITLE	D	DELETE		2.1 TITLE	Change	Addition	
NAME	CLAYTON, BERNICE			2.2 NAME			
STREET ADDRESS	RT BOX 113			2.3 STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL 32060			2.4 CITY-ST-ZIP			
TITLE	DST	DELETE		3.1 TITLE	Change	Addition	
NAME	BARNES, MARGUERITE			3.2 NAME			
STREET ADDRESS	820 S OHIO AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK, FL 00000			3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE	Change	Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change	Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change	Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)