


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90034 021 \*\*\*\*61.25

<b>DOCUMENT # N04000005245</b>					
1. Entity Name ORANGE BAPTIST CHURCH OF LIVE OAK, INC.					
Principal Place of Business 18962 96TH STREET LIVE OAK, FL 32060			Mailing Address 18962 96TH STREET LIVE OAK, FL 32060		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 33-1071064	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMPBELL, MORGAN 19378 132ND STREET 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 reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, MORGAN		NAME	FRED CLARK	
STREET ADDRESS	19378 132ND STREET		STREET ADDRESS	23140 82ND ST.	
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP	LIVE OAK, FLA, 32060	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNES, JAMES		NAME		
STREET ADDRESS	7292 175TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, VELMA		NAME		
STREET ADDRESS	8098 193RD RD		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUE, BRENDA		NAME		
STREET ADDRESS	21193 CR 136		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINION, WILLIAM		NAME		
STREET ADDRESS	10285 169TH ROAD		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPPARD, ROBERT		NAME		
STREET ADDRESS	20905 104TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Morgan S. Campbell</u>			MORGAN S. Campbell FEB 8-06 7762021		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



02072006 Chg-NP CR2E037 (11/05)

4. FEI Number 33-1071064 Applied For Not Applicable

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

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, MORGAN	
STREET ADDRESS	19378 132ND STREET	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOWNES, JAMES	
STREET ADDRESS	7292 175TH DRIVE	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOLDEN, VELMA	
STREET ADDRESS	8098 193RD RD	
CITY-ST-ZIP	LIVE OAK, FL 32060	
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NAME	AUE, BRENDA	
STREET ADDRESS	21193 CR 136	
CITY-ST-ZIP	LIVE OAK, FL 32060	
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TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPPARD, ROBERT	
STREET ADDRESS	20905 104TH PLACE	
CITY-ST-ZIP	LIVE OAK, FL 32060	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED CLARK	
STREET ADDRESS	23140 82ND ST.	
CITY-ST-ZIP	LIVE OAK, FLA, 32060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: Morgan S. Campbell MORGAN S. Campbell FEB 8-06 7762021  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #