


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000005245	
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
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01152007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 33-1071064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, MORGAN
 19378 132ND STREET
 LIVE OAK, FL 32060

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, MORGAN 19378 132ND STREET LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOWNS, JAMES 7292 175TH DRIVE LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDEN, VELMA 8098 193RD RD LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUE, BRENDA 21193 CR 136 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, FRED 22140 82ND STREET LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, ROBERT 20905 104TH PLACE LIVE OAK, FL 32060

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 01/30/07-80008-001 61.25

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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: Morgan S. Campbell JAN. 15 2007 1-386-776-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #