

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005245

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: ORANGE BAPTIST CHURCH OF LIVE OAK, INC.

**Current Principal Place of Business:**

18962 96TH STREET  
LIVE OAK, FL 32060

**New Principal Place of Business:**

**Current Mailing Address:**

18962 96TH STREET  
LIVE OAK, FL 32060

**New Mailing Address:**

FEI Number: 33-1071064      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAMPBELL, MORGAN  
Address: 19378 132ND STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: VD ( ) Delete  
Name: DOWNS, JAMES  
Address: 7292 175TH DRIVE  
City-St-Zip: LIVE OAK, FL 32060

Title: TD ( ) Delete  
Name: SHEPPARD, EVELYN  
Address: 20905 104TH PLACE  
City-St-Zip: LIVE OAK, FL 32060

Title: S ( ) Delete  
Name: AUE, BRENDA  
Address: 21193 CR 136  
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete  
Name: CLARK, FRED  
Address: 22140 82ND STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete  
Name: SHEPPARD, ROBERT  
Address: 20905 104TH PLACE  
City-St-Zip: LIVE OAK, FL 32060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORGAN CAMPBELL

PD

01/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date