


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

**FILED**  
**Jan 31, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000008905</b>	
1. Entity Name <b>CALVARY BAPTIST CHURCH OF LIVE OAK INC.</b>	

Principal Place of Business <b>10886 STATE ROAD 51 LIVE OAK, FL 32060</b>	Mailing Address <b>10886 STATE ROAD 51 LIVE OAK, FL 32060</b>
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01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3102948</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent  <b>GALLOWAY, DALE E REV. 12497 193RD ROAD LIVE OAK, FL 32060</b>
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**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

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

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	D GALLOWAY, DALE E REV. 12497 193RD ROAD LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRYANT, KENNY 5634 755 LN DR LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHAUNCEY, RICHARD 4281 85TH RD LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GALLOWAY, TIMOTHY 14308 60TH STREEET LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000413202  
02/10/06-80074-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** Rev. Dale E Galloway 1-25-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #