


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # N04000008905 1. Entity Name CALVARY BAPTIST CHURCH OF LIVE OAK INC.	
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Principal Place of Business 10886 STATE ROAD 51 LIVE OAK, FL 32060	Mailing Address 10886 STATE ROAD 51 LIVE OAK, FL 32060
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01302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent GALLOWAY, DALE E REV. 12497 193RD ROAD LIVE OAK, FL 32060

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IN THIS SPACE**


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 agent if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

U00000632686
02/21/07-80031-017 61.25

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1-7-07 Daytime Phone # 386-276-2368