

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008905

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** CALVARY BAPTIST CHURCH OF LIVE OAK INC.

**Current Principal Place of Business:**

10886 STATE ROAD 51  
LIVE OAK, FL 32060

**New Principal Place of Business:**

**Current Mailing Address:**

10886 STATE ROAD 51  
LIVE OAK, FL 32060

**New Mailing Address:**

**FEI Number:** 59-3102948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALLOWAY, DALE E REV.  
12497 193RD ROAD  
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: D ( ) Delete  
Name: GALLOWAY, DALE E REV.  
Address: 12497 193RD ROAD  
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete  
Name: BRYANT, KENNY  
Address: 5634 755 LN DR  
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete  
Name: CHAUNCEY, RICHARD  
Address: 4281 85TH RD  
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete  
Name: GALLOWAY, TIMOTHY  
Address: 14308 60TH STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: T ( ) Change (X) Addition  
Name: GREEN, MITCHELL  
Address: 16759 156TH ST.  
City-St-Zip: MCALPIN, FL 32060

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: REV. DALE E. GALLOWAY

RA

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date