

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009333

FILED
Mar 23, 2006
Secretary of State

Entity Name: ROCKY SINK BAPTIST CHURCH OF LIVE OAK, INC.

Current Principal Place of Business:

8422 169TH ROAD
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

8422 169TH ROAD
LIVE OAK, FL 32060

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GAMBLE, JOHN
20336 76TH 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: P () Delete
Name: GAMBLE, JOHN
Address: 20336 76TH RD.
City-St-Zip: LIVE OAK, FL 32060

Title: V () Delete
Name: DAY, JOHN
Address: 11373 122ND TERRACE
City-St-Zip: LIVE OAK, FL 32060

Title: T () Delete
Name: ROSSI, TINA
Address: 16951 104TH ST
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: ROSSI, JOEL
Address: 16951 104TH LANE
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: BAKER, YANCY
Address: 15384 104TH ST.
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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL ROSSI

D

03/23/2006

Electronic Signature of Signing Officer or Director

Date