

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009457

FILED
Feb 14, 2006
Secretary of State

Entity Name: MOUNT OLIVE BAPTIST CHURCH OF LIVE OAK, INC.

Current Principal Place of Business:

5314 98TH TERR
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

5314 98TH TERR
LIVE OAK, FL 32060

New Mailing Address:

FEI Number: 59-6204996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, DANNY E
5314 98TH TERR
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

WATKINS, JOHN
5314 98TH TERR
LIVE OAK, FL 32060 US

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: JOHN WATKINS

02/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOYETTE, DON
Address: 325 LEE AVE., N.E.
City-St-Zip: LIVE OAK, FL 32064 US

Title: VD () Delete
Name: KNOTTS, WILLIAM H
Address: 10497 CR 137
City-St-Zip: WELLBORN, FL 32094 US

Title: STD () Delete
Name: ADAMS, LLOYD
Address: 4144 82ND TERR
City-St-Zip: LIVE OAK, FL 32060 US

Title: D () Delete
Name: GRAY, GERALD H
Address: 8857 CR 417
City-St-Zip: LIVE OAK, FL 32060 US

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:

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: DON BOYETTE

PD

02/14/2006

Electronic Signature of Signing Officer or Director

Date