

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90052 049 ****61.25

DOCUMENT # N04000009457

1. Entity Name

MOUNT OLIVE BAPTIST CHURCH OF LIVE OAK, INC.



Principal Place of Business

5314 98TH TERR
LIVE OAK FL 32060

Mailing Address

5314 98TH TERR
LIVE OAK FL 32060

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6204996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATKINS, JOHN
5314 98TH TERR
LIVE OAK FL 32060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

John Watkins

JOHN WATKINS

3/10/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BOYETTE, DON
STREET ADDRESS 325 LEE AVE., N.E.
CITY-STATE-ZIP LIVE OAK FL 32064

TITLE VD ☐ Delete
NAME KNOTTS, WILLIAM H
STREET ADDRESS 10497 CR 137
CITY-STATE-ZIP WELLBORN FL 32094

TITLE STD ☒ Delete
NAME ADAMS, LLOYD
STREET ADDRESS 4144 82ND TERR
CITY-STATE-ZIP LIVE OAK FL 32060

TITLE D ☐ Delete
NAME GRAY, GERALD H
STREET ADDRESS 8857 CR 417
CITY-STATE-ZIP LIVE OAK FL 32060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition
NAME TD
STREET ADDRESS Gerald H. Gray
CITY-STATE-ZIP 8857 CR 417
Live Oak, FL 32060

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS Jane Gray
CITY-STATE-ZIP 8857 CR 417
Live Oak, FL 32060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John Watkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/07 386-364-2775

DATE Daytime Phone #