


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000009457 1. Entity Name MOUNT OLIVE BAPTIST CHURCH OF LIVE OAK, INC.	
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Principal Place of Business 5314 98TH TERR LIVE OAK, FL 32060	Mailing Address 5314 98TH TERR LIVE OAK, FL 32060
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6204996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATKINS, JOHN
5314 98TH TERR
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: John Watkins DATE: 1/16/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000807419 02/07/08-80007-023 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYETTE, DON 325 LEE AVE., N.E. LIVE OAK, FL 32064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNOTTS, WILLIAM H 10497 CR 137 WELLBORN, FL 32094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAY, GERALD H 8857 CR 417 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAY, JANE 8857 CR 417 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: John D. Gray DATE: 1-27-08 DAYTIME PHONE #: 386-364-2775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR