

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90400 048 \*\*\*\*61.25

**DOCUMENT # N04000011438**

1. Entity Name

GOD'S MIRACLE MISSION OF LIVE OAK, INC.



Principal Place of Business

819 HOWARD ST W  
LIVE OAK FL 32064

Mailing Address

1600 HELVENSTON STREET SE APT E2  
LIVE OAK FL 32064



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

16950 24th St.

Live Oak, FL.

32060

Suwannee

1st MOORE

CR2E037 (10/05)

4. FEI Number

73-1721152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

FORD, CLYDE H  
1600 HELVENSTON ST SE, APT E-2  
LIVE OAK FL 32064

7. Name and Address of New Registered Agent

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 CLYDE H FORD (Pastor)

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

(NOTE: Registered Agent signature required when reinstating)

3-20-06

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 ☐ Delete  
NAME D  
STREET ADDRESS FORD, CLYDE H  
CITY-ST-ZIP 1600 HELVENSTON STREET SE APT E2  
LIVE OAK FL 32064

TITLE ☒ Delete  
NAME P  
STREET ADDRESS MAULDEN, JOHN  
CITY-ST-ZIP 1600 HALVENSTON  
LIVE OAK FL 32064

TITLE ☐ Delete  
NAME S  
STREET ADDRESS KIRBY, LOUISE  
CITY-ST-ZIP EVA STREET BOX 214  
LIVE OAK FL 32064

TITLE ☒ Delete  
NAME T  
STREET ADDRESS DOUGLAS, WENDY  
CITY-ST-ZIP 12596 72ND TERRACE  
LIVE OAK FL 32060

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME Ford, Clyde H.  
STREET ADDRESS 16950 24th St.  
CITY-ST-ZIP Live Oak, FL. 32060

TITLE ☐ Change ☒ Addition  
NAME Ernest Kirby  
STREET ADDRESS 409 Corbin Ave.  
CITY-ST-ZIP Live Oak, FL. 32064

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

TITLE ☐ Change ☒ Addition  
NAME Joseph Richardson  
STREET ADDRESS 937 Bryson St. Lot #32  
CITY-ST-ZIP Live Oak, FL. 32064

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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: Clyde H. Ford CLYDE H. FORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06

Date

386-330-5332

Daytime Phone #