

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 27, 2006 8:00 am  
Secretary of State

02-08-2006 90003 020 \*\*\*\*61.25

<b>DOCUMENT # N05000001220</b> 1. Entity Name <b>FAITH COMMUNITY CHURCH, INC.</b>					
Principal Place of Business <b>WOMEN'S CLUB OF LIVE OAK COUNTY ROAD 136 LIVE OAK, FL 32060</b>				Mailing Address <b>PO BOX 963 LIVE OAK, FL 32064-0963</b>	
2. Principal Place of Business <b>GARDEN CLUB OF LIVE OAK</b> Suite, Apt. #, etc. <b>COUNTY ROAD 136</b> City & State <b>LIVE OAK, FL</b> Zip <b>32060</b>		3. Mailing Address <b>P.O. Box 963</b> Suite, Apt. #, etc. <b>LIVE OAK, FL</b> City & State <b>LIVE OAK, FL</b> Zip <b>32064-0963</b>		01232006 Chg-NP CR2E037 (11/05) 	
4. FEI Number <b>37-1497999</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>CURRY, JOHN L 7087-177 DRIVE LIVE OAK, FL 32060</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> 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 <u><i>John L Curry</i></u> <b>1/26/06</b> <small>(NOTE: Registered Agent signature required when changing)</small>	
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TT DEACON</b> <b>ATHERTON, ATHERTON DEACON</b> <b>WOMEN'S CLUB OF LIVE OAK</b> <b>LIVE OAK, FL 32060</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DEACON</b> <b>DEMOND, KENT DEACON</b> <b>WOMEN'S CLUB OF LIVE OAK</b> <b>LIVE OAK, FL 32060</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DEACON</b> <b>STRICKLAND, E.L. DEACON</b> <b>WOMEN'S CLUB OF LIVE OAK</b> <b>LIVE OAK, FL 32060</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DECEASED</b> <b>WHEELER, ELEANOR</b> <b>WOMEN'S CLUB OF LIVE OAK</b> <b>LIVE OAK, FL 32060</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CLERK</b> <b>MERIE H TURNPAUGH</b> <b>10850 129th Rd.</b> <b>LIVE OAK, FL 32060</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>GINNY CREWS</b> <b>9265 129th Rd.</b> <b>LIVE OAK, FL 32060</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Don Atherton</i></u> <b>DON ATHERTON</b> <b>1/25/06</b> <b>(386) 364-2650</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



Attachments

66002908

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2006

FAITH COMMUNITY CHURCH, INC.  
POB 963  
LIVE OAK, FL 32064-0931

Subject: **FAITH COMMUNITY CHURCH, INC.**

Reference Number: **N05000001220**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION