

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011794

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** CHRIST CENTRAL MINISTRIES OF LIVE OAK, INC.

**Current Principal Place of Business:**

1550 SW WALKER AVENUE  
LIVE OAK, FL 32064

**New Principal Place of Business:**

**Current Mailing Address:**

1550 SW WALKER AVENUE  
LIVE OAK, FL 32064

**New Mailing Address:**

**FEI Number:** 56-2381923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GODSMARK, WAYNE  
206 SW LYNNDAL GLEN  
LAKE CITY, FL 32024 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GODSMARK, WAYNE  
Address: 206 SW LYNNDAL GLEN  
City-St-Zip: LAKE CITY, FL 32024

Title: VP ( ) Delete  
Name: GODSMARK, JOANN  
Address: 206 SW LYNNDAL GLEN  
City-St-Zip: LAKE CITY, FL 32024

Title: S/T ( ) Delete  
Name: BUTLER, ERNEST  
Address: 11361 COUNTY ROAD 132  
City-St-Zip: LIVE OAK, FL 32060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: JOHNS, LONNIE  
Address: 359 SW DYAL AVENUE  
City-St-Zip: LAKE CITY, FL 32024

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WAYNE GODSMARK

P

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date