

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011794

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

15445 US HWY 129  
MCALPIN, FL, FL 32062

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6012  
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 R SR.  
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  
**Name:** GODSMARK, WAYNE R SR.  
**Address:** 206 SW LYNNDAL GLEN  
**City-St-Zip:** LAKE CITY, FL 32024

**Title:** VP  
**Name:** JOHNS, LONNIE  
**Address:** 359 SW DYAL AVENUE  
**City-St-Zip:** LAKE CITY, FL 32024

**Title:** S/T  
**Name:** GODSMARK, JOANN  
**Address:** 206 SW LYNNDAL GLEN  
**City-St-Zip:** LAKE CITY, FL 32024

I hereby 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 all other like empowered.

**SIGNATURE:** WAYNE R. GODSMARK, SR.

PRES

04/09/2012

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

\_\_\_\_\_  
Date