FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:15

DOCUMENT # N07622 (6)

1. Corporation Name

SOUTHSIDE BAPTIST CHURCH OF LIVE OAK, FLORIDA, I NC.

Principal Place of Business	Mailing Address
HWY 129 SOUTH P.O. BOX 149 LIVE OAK FL 32060	HWY 129 SOUTH P.O. BOX 149 LIVE OAK FL 32060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1985
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2346686 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, MILTON JR. 851 MARYMAC ST. S.W. LIVE OAK FL 32060	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	SMITH, MILTON JR	12 NAME		
STREET ADDRESS	851 MARYMAC ST. S.W.	13 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL 32060	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☑ Addition
NAME	EDWARDS, DON	22 NAME		
STREET ADDRESS	RT. 7, BOX 23	23 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL	24 CITY-ST-(ZIP)	32060	
TITLE	D	31 TITLE		☐ Change ☑ Addition
NAME	HAWKINS, RALPH	32 NAME		
STREET ADDRESS	11808 107TH DR.	33 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL	34 CITY-ST-(ZIP)	32060	
TITLE	T	41 TITLE		☐ Change ☑ Addition
NAME	WILLIAMS, MELINDA	42 NAME		
STREET ADDRESS	1763 6TH AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	WELLBORN FL	44 CITY-ST-(ZIP)	32094	
TITLE	S	51 TITLE		☐ Change ☑ Addition
NAME	STITT, DEBRA	52 NAME		
STREET ADDRESS	537 MARYMAC	53 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL	54 CITY-ST-(ZIP)	32060-4207	
TITLE	D	61 TITLE		☐ Change ☑ Addition
NAME	WALKER, VAN	62 NAME		
STREET ADDRESS	ROUTE 3, BOX 204-AB	63 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL	64 CITY-ST-(ZIP)	32060	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra Stitt Debra Stitt, Secretary 04-12-95 904-362-5299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087900