

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 19, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N10042**

1. Entity Name  
**LIVE OAK CHURCH OF CHRIST, INC.**



Principal Place of Business

**1497 IRVIN AVE  
LIVE OAK, FL 32060**

Mailing Address

**P.O. BOX 281  
LIVE OAK, FL 32064**



01132005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2929170**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HOWARD, WAYNE  
9289 141ST LANE  
LIVE OAK, FL 32060-6393**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRELL, BOBBY
STREET ADDRESS	14744 40TH STREET
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	DT
NAME	HOWARD, WAYNE
STREET ADDRESS	9289 141ST LANE
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	ANDERSON, CLYDE
STREET ADDRESS	12116 CR 252
CITY-ST-ZIP	MCALPIN, FL 32062
TITLE	D
NAME	COCKERHAM, ELZIE
STREET ADDRESS	9656 169TH ROAD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	MUSGROVE, WAYNE JR
STREET ADDRESS	11567 CR 132
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000185037  
01/20/05-80057-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Wayne Howard Wayne Howard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/05**

Date

**386-397-8415**

Daytime Phone #