

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90143 002 ****70.00

DOCUMENT # N10916

1. Entity Name

LIVE OAK COMMUNITY CHURCH OF GOD, INC.



Principal Place of Business

LIVE OAK COMMUNITY CHURCH OF GOD
10639 US 129
LIVE OAK FL 32060
US

Mailing Address

10639 US 129
LIVE OAK FL 32060
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAINWRIGHT, JAMES
17048 129TH ROAD
MC ALPIN FL 32062

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

James O. Wainwright
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	HICKS, MICHAEL R	
STREET ADDRESS	1102 PINE AVE SW.	
CITY-ST-ZIP	LIVE OAK FL 32064	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WAINWRIGHT, JAMES	
STREET ADDRESS	17048 129TH RD	
CITY-ST-ZIP	MCALPIN FL 32062	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WAINWRIGHT, BARBARA	
STREET ADDRESS	17048 129TH RD	
CITY-ST-ZIP	MCALPIN FL 32062	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYER, JAMES	
STREET ADDRESS	11613 161ST RD.	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITTLE, FRANK	
STREET ADDRESS	7944 86TH ST.	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael R. Hicks	
STREET ADDRESS	1102 Pine Ave 521 Lamar St SE	
CITY-ST-ZIP	Live Oak, FL 32064	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Boyer	
STREET ADDRESS	11613 161st Rd	
CITY-ST-ZIP	Live Oak, FL 32060	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Dehart (Dondena)	
STREET ADDRESS	10973 110th Terrace	
CITY-ST-ZIP	Live Oak, FL 32060	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Wainwright	
STREET ADDRESS	17048 129th Rd	
CITY-ST-ZIP	McAlpin, FL 32062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael R. Hicks

4/24/05 (386) 208-0074