

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

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**



04242006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT 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**

**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 re-registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
HICKS, MICHAEL R
521 LAMAR ST SE
LIVE OAK, FL 32064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BOYER, JAMES
116113 161ST RD
LIVE OAK, FL 32060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DEHART, DONNA
10973 110TH TERRACE
LIVE OAK, FL 32060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WAINWRIGHT, JAMES
17048 129TH RD
MC ALPIN, FL 32062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LITTLE, FRANK
7944 86TH ST.
LIVE OAK, FL 32060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U00000534668
05/08/06-80020-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Donna DeHart - **DONDEENA DEHART** 4/24/06 386/362-7919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DONNA DEHART** Date Daytime Phone #