2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10916

FILED Mar 14, 2009 Secretary of State

Entity Name: LIVE OAK COMMUNITY CHURCH OF GOD, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
LIVE OAK COMMUNITY CHURCH OF GOD 10639 US 129					
LIVE OAK,	FL 32060	US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
10639 US [.] LIVE OAK,	129 FL 32060	US			
El Number:	20-4197871	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
WAINWRIGHT, JAMES 17048 129TH ROAD MC ALPIN, FL 32062 US					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.					
SIGNATURE:					
	Electro	nic Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: Dity-St-Zip:	CD (BOYER, JAMI 116113 161S LIVE OAK, FL	TRD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	TD (DEHART, DOI 10973 110TH LIVE OAK, FL	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D (WAINWRIGH 17048 129TH MC ALPIN, FL	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	SD (PEPIN, BARB 1417 SW 5TH LIVE OAK, FL	IST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	P (FRYE, JAMES 10444 US HW LIVE OAK, FL	Y 129 S.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DON DEENA DEHART TD 03/14/2009