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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N12396 (0)

1. Corporation Name

FIRST PRESBYTERIAN CHURCH OF LIVE OAK, FLORIDA,  
INC.

Principal Place of Business

~~610 CUBA P. ANDERSON~~  
421 WHITE AVE  
LIVE OAK FL 32060

Mailing Address

421 WHITE AVENUE SE  
421 WHITE AVE  
LIVE OAK FL 32060-3314  
US

3. Date Incorporated or Qualified  
12/05/1985

3a. Date of Last Report  
04/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 689

Suite, Apt. #, etc.

27 City & State

28 LIVE OAK FL

Zip

29

32064

Country

30

4. FEI Number

59-2746027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

TOWNSEND, WALLACE S  
421 WHITE AVE  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHANDLER, DAVID	
STREET ADDRESS	421 WHITE AVENUE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, JIM	
STREET ADDRESS	421 WHITE DRIVE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	DTP	<input type="checkbox"/> DELETE
NAME	TOWNSEND, WALLACE S.	
STREET ADDRESS	421 WHITE AVENUE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRUMMOND, NANCY	
STREET ADDRESS	421 WHITE AVE.	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PROTSMAN, LEE	
STREET ADDRESS	421 WHITE AVENUE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLACE, JACK	
STREET ADDRESS	421 WHITE AVE	
CITY-ST-ZIP	LIVE OAK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARSHBURN, WILLIAM	
1.3 STREET ADDRESS	421 WHITE AVE	
1.4 CITY-ST-ZIP	LIVE OAK FL 32060	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCHENCK, JANETTE	
2.3 STREET ADDRESS	421 WHITE AVE	
2.4 CITY-ST-ZIP	LIVE OAK FL 32060	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

WALLACE S. TOWNSEND 7/6/97 2/26-3199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000769

CR2E037 (9/96)