


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90038 032 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
<b>DOCUMENT # N12396</b>																																																																																																																																																					
1. Corporation Name <b>FIRST PRESBYTERIAN CHURCH OF LIVE OAK, FLORIDA, INC.</b>																																																																																																																																																					
Principal Place of Business <del>C/O CLYDE E. ANDERSON</del> <i>Deite name</i> 421 WHITE AVE LIVE OAK FL 32060			Mailing Address P.O BOX 689 LIVE OAK FL 32064 US																																																																																																																																																		
2. Principal Place of Business 21 <b>L</b>		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>12/05/1985</b>																																																																																																																																																	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-2746027</b>																																																																																																																																																	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																																	
Zip 24		Zip 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																	
Country 29			Country 30																																																																																																																																																		
9. Name and Address of Current Registered Agent <b>PAPAPETROU, J. DEAN</b> <b>421 WHITE AVE</b> <b>LIVE OAK FL 32060</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																					
12. OFFICERS AND DIRECTORS																																																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> DELETE</td> <td style="width:10%;">1.1 TITLE</td> <td style="width:30%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MARSHBURN, WILLIAM</td> <td></td> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>421 WHITE AVENUE</td> <td></td> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LIVE OAK FL</td> <td></td> <td>1.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input checked="" type="checkbox"/> DELETE</td> <td>2.1 TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SMITH, JIM</td> <td></td> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>421 WHITE DRIVE</td> <td></td> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LIVE OAK FL</td> <td></td> <td>2.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>DTP</td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> <td>3.1 TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>TOWNSEND, WALLACE S.</td> <td></td> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>421 WHITE AVENUE</td> <td></td> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LIVE OAK FL</td> <td></td> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> <td>4.1 TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DRUMMOND, NANCY</td> <td></td> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>421 WHITE AVE.</td> <td></td> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LIVE OAK FL</td> <td></td> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> <td>5.1 TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PAPAPETROU, J. 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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																																																					
14. 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 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, with all other like empowered.																																																																																																																																																					

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/20/99* *904-362-3199*

Date

Daytime Phone #

CR2E037 (1/98)