


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90194 004 \*\*\*\*61.25

<b>DOCUMENT # N12396</b>	
1. Entity Name <b>FIRST PRESBYTERIAN CHURCH OF LIVE OAK, FLORIDA, INC.</b>	

Principal Place of Business <b>421 WHITE AVE SE LIVE OAK, FL 32064</b>	Mailing Address <b>P.O BOX 689 LIVE OAK, FL 32064 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01152006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2746027**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PAPAPETROU, J. DEAN**  
**421 WHITE AVE SE**  
**LIVE OAK, FL 32064**

7. Name and Address of New Registered Agent

Name **Larry D. Neal**  
Street Address (P.O. Box Number is Not Acceptable)  
**421 White Ave. SE**  
City **Live Oak,** **FL** Zip Code **32064**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/10/06**

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

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 NAME STREET ADDRESS CITY - ST - ZIP	TD PAPAPETROU, J. DEAN <input checked="" type="checkbox"/> Delete 421 WHITE AVE SE LIVE OAK, FL 32064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BURNETT, SUSAN <input type="checkbox"/> Delete 421 WHITE AVE LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOWNSEND, ZOE <input type="checkbox"/> Delete 421 WHITE AVE SE LIVE OAK, FL 32064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T J. Stuart Dornblaser <input type="checkbox"/> Change <input type="checkbox"/> Addition 421 White Ave SE Live Oak, FL 32064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Larry D. Neal <input type="checkbox"/> Change <input type="checkbox"/> Addition 421 White Ave SE Live Oak, FL 32064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Glen Busby <input type="checkbox"/> Change <input type="checkbox"/> Addition 421 White Ave SE Live Oak, FL 32064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/06** **850/584-3268**

Date

Daytime Phone #