
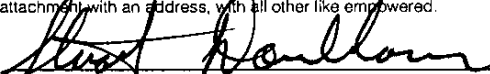


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90080 020 ****61.25

DOCUMENT # N12396 1. Entity Name FIRST PRESBYTERIAN CHURCH OF LIVE OAK, FLORIDA, INC.					
Principal Place of Business 421 WHITE AVE SE LIVE OAK, FL 32064			Mailing Address P.O BOX 689 LIVE OAK, FL 32064 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip			City & State Zip		
Country			Country		
4. FEI Number 59-2746027			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NEAL, LARRY D 421 WHITE AVE SE LIVE OAK, FL 32064				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	PAPAPETROU, J. DEAN		NAME	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	421 WHITE AVE SE		STREET ADDRESS	Marlene Corbett	
CITY-ST-ZIP	LIVE OAK, FL 32064		CITY-ST-ZIP	6279 NW 50th Terrace	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	Bell, FL 32619 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNETT, SUSAN		NAME		
STREET ADDRESS	421 WHITE AVE		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOWNSEND, ZOE		NAME		
STREET ADDRESS	421 WHITE AVE SE		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32064		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORNBLASER, STUART J		NAME		
STREET ADDRESS	421 WHITE AVE SE		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32064		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEAL, LARRY D		NAME		
STREET ADDRESS	421 WHITE AVE SE		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32064		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSBY, GLEN		NAME		
STREET ADDRESS	421 WHITE AVE SE		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32064		CITY-ST-ZIP		
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: 			Date 4-10-07 Daytime Phone # 904-733-8277		