


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90070 030 ****70.00

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			City & State		
Zip		Country		4. FEI Number 59-2746027	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
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 Callaway, Patricia A Street Address (P.O. Box Number is Not Acceptable) 421 White Avenue SE Live Oak FL City FL Zip Code 32604	
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 <i>Patricia A Callaway</i> DATE <i>3-17-08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE S NAME CORBETT, MARLENE STREET ADDRESS 8279 NW 50TH TERR CITY-ST-ZIP BELL, FL 32619	<input checked="" type="checkbox"/> Delete		TITLE DT NAME Patricia A Callaway STREET ADDRESS 421 White Avenue CITY-ST-ZIP Live Oak FL 32064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME DORNBLASER, STUART J STREET ADDRESS 421 WHITE AVE SE CITY-ST-ZIP LIVE OAK, FL 32064	<input checked="" type="checkbox"/> Delete		TITLE D NAME Norman Protsman STREET ADDRESS 421 White Avenue CITY-ST-ZIP Live Oak FL 32064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DP NAME NEAL, LARRY D STREET ADDRESS 421 WHITE AVE SE CITY-ST-ZIP LIVE OAK, FL 32064	<input checked="" type="checkbox"/> Delete		TITLE DS NAME David Chandler STREET ADDRESS 421 White Avenue, Live Oak FL 32064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BUSBY, GLEN STREET ADDRESS 421 WHITE AVE SE CITY-ST-ZIP LIVE OAK, FL 32064	<input checked="" type="checkbox"/> Delete		TITLE D NAME Zoe Townsend STREET ADDRESS 421 White Avenue, Live Oak, FL 32064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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: <i>Patricia A Callaway</i> <i>3-17-08</i> <i>386-776-1137</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					