

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N15860
 1. Entity Name
 GRACE EVANGELICAL LUTHERAN CHURCH OF LIVE OAK, INC.



Principal Place of Business Mailing Address
 9989 CR 136 9989 CR 136
 LIVE OAK, FL 32060 LIVE OAK, FL 32060

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01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-2722421 Not Applicable

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

6. Name and Address of Current Registered Agent
 STEWART, KARL R
 9989 CR 136
 LIVE OAK, FL 32060

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000196829
 01/26/05-80085-007 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEWART, KARL R
STREET ADDRESS	9989 CR 136
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	PD
NAME	FILKILL, BOYD
STREET ADDRESS	11296 177TH ROAD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	TD
NAME	CRAIN, JIMMY E
STREET ADDRESS	10881 109TH LANE
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	SD
NAME	KRAFFT, PETER A
STREET ADDRESS	2342 SKYLAND DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	DAVIDSON, ROBERT C
STREET ADDRESS	6170 CATTAIL ROAD
CITY-ST-ZIP	SALE CITY, GA 31784
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Karl R. Stewart* KARL R. STEWART 1/23/05 386-364-1851
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #