the obligations of registered agent.

SIGNATURE:

FILED 2007 NOT-FOR-PROFIT CORPORATION Aug 17, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # N15860** 08-17-2007 90031 011 ****70.00 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 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01142007 CR2E037 (12/06) Chg-NP Applied For City & State City & State 4. FEI Number 59-2722421 Not Applicable \$8.75 Additional Country Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEWART, KARL R Street Address (P.O. Box Number is Not Acceptable) 9989 CR 136 LIVE OAK, FL 32060

SIGNATURE Jan January Andrews Spring Street Street Street Spring Spring Street Spring							
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing		\$5.00 May Be Added to Fees	Make chec	Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANG	ES TO OFFICERS AND DI	RECTORS IN	10
TITLE REME STREET ADDRESS CITY-ST-ZP	D STEWART, KARL R 9989 CR 136 LIVE OAK, FL 32060	☐ Delicite	TITLE NAME STREET ADDRESS CITY-ST-ZEP			☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-SI-JP	D FILKILL, BOYD 11296 177TH ROAD LIVE OAK, FL 32060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	PD CRAIN, JIMMY E 10881 109TH LANE LIVE OAK, FL 32060	Odden	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ctange	Addition
TITLE MAME STREET ADDRESS CTTY-ST-ZP	TD DAVIDSON, ROBERT 6170 CATTAIL RD SALE CITY, GA 31784	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Peter Krafft 2342 Skyland D. Tallahassee	r. -L 32303	Change	Addition
TITLE NOME STREET ADDRESS CITY-ST-ZP	D DAVIDSON, ROBERT C 6170 CATTAIL ROAD SALE CITY, GA 31784	□ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby certify that the information supplied with this fitting 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 trustice 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 differ like empowered.							

City

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 famillar with, and accept

Zip Code

2,24