


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90028 047 ****61.25

DOCUMENT # N25493

1. Entity Name
LIVE OAK BAPTIST CHURCH, INC.




Principal Place of Business
**36178 CONGREGATION LANE
 CALLAHAN, FL 32011**

Mailing Address
**36178 CONGREGATION LANE
 CALLAHAN, FL 32011**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



05092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2076223 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCCALLISTER, DENNIS
~~2579 PICKETT RD~~ **45589 PICKETT ST.**
CALLAHAN, FL 32011

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 *Dennis McCallister* **DENNIS MCCALLISTER** **5/13/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 14, 2007

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	F	<input type="checkbox"/> Delete
NAME	PALMER, CLYDE	
STREET ADDRESS	467 N. OLD DIXIE HWY	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCALLISTER, DENNIS	
STREET ADDRESS	2579 PICKETT RD	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	-T--	<input type="checkbox"/> Delete
NAME	BUCK, SIDNEY	
STREET ADDRESS	440 OLD DIXIE HWY	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	452435 OLD DIXIE HWY.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	45589 PICKETT ST.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	451717 OLD DIXIE HWY.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Dennis McCallister* **DENNIS MCCALLISTER** **5/13/2007** **904-879-3400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #