


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N25493 1. Entity Name LIVE OAK BAPTIST CHURCH, INC.	
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Principal Place of Business 36178 CONGREGATION LANE CALLAHAN, FL 32011	Mailing Address 36178 CONGREGATION LANE CALLAHAN, FL 32011
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05062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2076223	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCALLISTER, DENNIS 2579 PICKETT RD CALLAHAN, FL 32011

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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00000950847
 06/04/08-80008-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALMER, CLYDE 452435 OLD DIXIE HWY. CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCALLISTER, DENNIS 45589 PICKETT ST CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCK, SIDNEY 451717 OLD DIXIE HWY/ CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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* 5-8-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #