

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90241 027 ****61.25

DOCUMENT # N34541

1. Entity Name

WESTSIDE BAPTIST CHURCH OF LIVE OAK, INC.



Principal Place of Business

**13969 RAILROAD ST
LIVE OAK FL 32060
US**

Mailing Address

**13969 RAILROAD ST
LIVE OAK FL 32060
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2934625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JORDAN, JEANETTE
924 HAMILTON AVENUE
LIVE OAK FL 32064**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 **P** ☐ Delete
NAME **ROBERTS, JEFFERY A**
STREET ADDRESS **6063 185TH RD**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **D** ☐ Delete
NAME **MCKINNEY, JAMES**
STREET ADDRESS **P O BOX 182**
CITY-ST-ZIP **MC ALPIN FL 32062**

TITLE **D** ☒ Delete
NAME **LANG, WALTER**
STREET ADDRESS **4484 181ST RD**
CITY-ST-ZIP **LIVE OAK FL** *(Deceased)*

TITLE **D** ☐ Delete
NAME **ROBERTS, BILLY R**
STREET ADDRESS **6091 185TH RD**
CITY-ST-ZIP **LIVE OAK FL**

TITLE **D** ☐ Delete
NAME **CLEATOS MCCOOK**
STREET ADDRESS **6005 185TH RD**
CITY-ST-ZIP **LIVE OAK FL**

TITLE **D** ☐ Delete
NAME **JORDAN, CLIFFORD**
STREET ADDRESS **P.O. BOX 269**
CITY-ST-ZIP **LIVE OAK FL 32060**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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: *Jeanette Jordan, Treasurer* **3-6-06 386-362-3554**