# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 20, 2006**
**Secretary of State**

DOCUMENT# N41252

**Entity Name:** FIRST UNITED METHODIST CHURCH OF LIVE OAK, INC.

**Current Principal Place of Business:**

311 OHIO AVENUE SOUTH
LIVE OAK, FL 32064

**New Principal Place of Business:**

**Current Mailing Address:**

311 OHIO AVENUE SOUTH
LIVE OAK, FL 32064

**New Mailing Address:**

**FEI Number: 59-0711179** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLACKMON, MICHAEL
12134 88 TERRACE
LIVE OAK, FL 32060 US

**Name and Address of New Registered Agent:**

BLACKMON, MICHAEL
13134 88 TERRACE
LIVE OAK, FL 32060 US

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.

SIGNATURE: _____ 01/20/2006
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete
Name: RIGGINS, LINDA
Address: 311 OHIO AVENUE SOUTH
City-St-Zip: LIVE OAK, FL 32064

Title: D ( ) Delete
Name: MCCORMICK, ETHEL
Address: 311 OHIO AVENUE SOUTH
City-St-Zip: LIVE OAK, FL 32064

Title: D ( ) Delete
Name: BLACKMON, MICHAEL
Address: 3134 88 TERRACE
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete
Name: KENNON, DIANE
Address: 13507 CR 136
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete
Name: BURCH, BETSY
Address: 8863 133RD RD
City-St-Zip: LIVE OAK, FL 32060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BLACKMON, MICHAEL
Address: 13134 88 TERRACE
City-St-Zip: LIVE OAK, FL 32060

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BLACKMON RA 01/20/2006
Electronic Signature of Signing Officer or Director — Date