2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41252

FILED Feb 02, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 311 OHIO AVENUE SOUTH LIVE OAK, FL 32064 **Current Mailing Address: New Mailing Address:** 311 OHIO AVENUE SOUTH LIVE OAK, FL 32064 FEI Number: 59-0711179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RIGGINS, LINDA Name: Name: Address: 311 OHIO AVENUE SOUTH Address: City-St-Zip: LIVE OAK, FL 32064 City-St-Zip: Title: () Delete Title: () Change () Addition MCCORMICK, ETHEL Name: Name: Address: 311 OHIO AVENUE SOUTH Address: City-St-Zip: LIVE OAK, FL 32064 City-St-Zip: Title: () Delete Title: () Change () Addition BLACKMON, MICHAEL Name: Name: 13134 88 TERRACE Address: Address: City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KENNON, DIANE Name: Address: 13507 CR 136 Address: City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: Title: Title: () Delete () Change () Addition BURCH, BETSY Name: Name: 8863 133RD RD Address: Address: LIVE OAK, FL 32060 City-St-Zip: 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 MR. 02/02/2007