FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002121 (2)

1. Corporation Name

LIVE OAK BAPTIST CHURCH OF CRESTVIEW, INCORPORAT ED

Principal Place of Business: 4565 LIVE OAK CHURCH RD, CRESTVIEW FL 32539

Mailing Address: 4565 LIVE OAK CHURCH RD, CRESTVIEW FL 32539

3. Date Incorporated or Qualified: 05/07/1993

3a. Date of Last Report: 01/25/1995

4. FEI Number: 59-2411876 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

WHITE, REV. BILLY W.
113 CAMELLIA PLACE
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE [signature] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TTR	☒ DELETE
NAME	HERBERT, PATRICIA	
STREET ADDRESS	131 PIN OAK CT	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	DTR	☐ DELETE
NAME	MALOY, GERALD	
STREET ADDRESS	2865 APLIN RD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	☐ DELETE
NAME	WHITE, HELEN R.	
STREET ADDRESS	113 CAMELLIA PL	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	PTRD	☐ DELETE
NAME	WHITE, REV. BILLY W.	
STREET ADDRESS	113 CAMELLIA PL	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	TTR	☐ Change ☒ Addition
1 2 NAME	BANKS, VICKI L.	
1 3 STREET ADDRESS	2424 WOODBINE DR.	
1 4 CITY-ST-ZIP	CRESTVIEW, FL	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] BILLY W. WHITE 1-21-96 (904)682-5160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)