FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



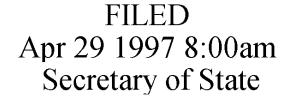
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT

N93000002121 (2)



LIVE OAK BAPTIST CHURCH OF CRESTVIEW, INCORPORAT							
Principal Plac	e of Business	Mailing Address			4 80111 QUIL QUEEN 11001 EIQ1	(0	
4565 LIVE OAK CHURCH RD 4565 LIVE OAK CHURCH RD CRESTVIEW FL 32539 CRESTVIEW FL 32539-6308							
				3. Date Incorporated or Qualified 05/07/1993	3a. Date of Last I 01/26/1		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	A	opplied For	
		26		59-2411876		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State	harang '		6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution			
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under : ☐ Yes ☐ No	s. 199.032,	
24	25 9. Name and Address of Curr	29 29 Agent	30	Florida Statutes 10. Name and Address of New Re			
	S, Italia alia italia di a	The state of the s	81 Name	To. Hallo and Addiese of (ton 170	-giotorou y gont		
WHITE, REV. BILLY W.			22 2				
113 CAMELLIA PLACE			82 Street	ddress (P.O. Box Number is Not Acceptable)			
CRESTVIEW FL 32536			83	——————————————————————————————————————		··-	
9 71 20 11			84 City		85 Zip	Code	
11 Director	to the provisions of Sections 617 (E02 and 617 1609 Florida Statut	e the should named	corporation submits this statement for the p	FL 63 20	lto rapidarad	
office or r agent. I a SIGNATURE	registered agent, or both, in the St im familiar with, and accept the ob	te of Florida. Such change was a light on Section 617,0503, Florida.	inthorized by the contribution of the contribu	poration's board of directors. I hereby accept	pt the appointment as	s registered	
·	Signature, typed or printed name of registered		Registered Agent signature	required when reinstating)	DATE		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC			
TITLE	TTR	☐ DELETE	1.1 TITLE		☐ Change		
NAME	BANKS, VICKI L.		1.2 NAME				
STREET ADDRESS	2424 WOODBINE DR.		1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	CRESTVIEW FL	DELETE	1.4 CITY-ST-ZIP		Change	Addition	
NAME	DTR Maloy, Gerald	better	2.1 TITLE 2.2 NAME		□ Change		
STREET ADDRESS	2865 APLIN RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	CRESTVIEW FL		2.4 CITY-ST-ZIP	·			
TITLE	D	☐ DELETE	3.1 TITLE		Change	Addition	
NAME	WHITE, HELEN R.		3.2 NAME				
STREET ADDRESS	113 CAMELLIA PL		3.3 STREET ADDRESS				
CITY-ST-ZIP	CRESTVIEW FL		3.4. CITY-ST-ZIP				
TITLE	PTRD	DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME	WHITE, REV. BILLY W.		4. 2 NAME				
STREET ADDRESS	113 CAMELLIA PL		4.3 STREET ADDRESS				
CITY-ST-ZIP	ORESTVIEW FL		4.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	6.4 CITY - ST - ZIP		T 1 Ch+	Additio -	
TITLE		☐ pereig	6.1 TITLE		Change	Addition	
NAME OXDEEX ADDRESS			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS	l			

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

12222 111/122 111