

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002121

1. Entity Name

LIVE OAK BAPTIST CHURCH OF CRESTVIEW, INCORPORAT

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90015 029 ****61.25

Principal Place of Business

Mailing Address

4565 LIVE OAK CHURCH RD
CRESTVIEW FL 32539

4565 LIVE OAK CHURCH RD
CRESTVIEW FL 32539-6306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2411876

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
NAME BENNICK, GWEN
STREET ADDRESS 2802 HOGAN LANE
CITY-ST-ZIP CRESTVIEW FL 32539 ☐ Delete

T
NAME JOYCE AMOS
STREET ADDRESS 204 ROSEWOOD AVE
CITY-ST-ZIP CRESTVIEW, FL 32536 ☒ Change ☐ Addition

AT
NAME KEELING, DENNIS
STREET ADDRESS 2755 SAVANNAH LANE
CITY-ST-ZIP CRESTVIEW FL 32539 ☐ Delete

AT
NAME PEGGY BENDER
STREET ADDRESS 21 DABNEY CT.
CITY-ST-ZIP CRESTVIEW, FL 32539 ☒ Change ☐ Addition

D
NAME WHITE, HELEN R.
STREET ADDRESS 113 CAMELLIA PL
CITY-ST-ZIP CRESTVIEW FL ☐ Delete

☐ Change ☐ Addition

PTRD
NAME WHITE, REV. BILLY W.
STREET ADDRESS 113 CAMELLIA PL
CITY-ST-ZIP CRESTVIEW FL ☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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

Joyce Amos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

682-3630

CR2E037 (9/99)