

DOCUMENT # N93000002121

1. Entity Name
LIVE OAK BAPTIST CHURCH OF CRESTVIEW, INCORPORAT

Principal Place of Business Mailing Address
4565 LIVE OAK CHURCH RD **4565 LIVE OAK CHURCH RD**
CRESTVIEW FL 32539 **CRESTVIEW FL 32539**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMOS, JOYCE		NAME		
STREET ADDRESS	204 ROSEWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL 32536		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENDER, PEGGY		NAME		
STREET ADDRESS	21 DABNEY CT		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL 32539		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, HELEN R.		NAME		
STREET ADDRESS	113 CAMELLIA PL		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL		CITY-ST-ZIP		
TITLE	PTRD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, REV. BILLY W.		NAME		
STREET ADDRESS	113 CAMELLIA PL		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 REQUIRED FOR AMOS, TREASURER** 1/6/01 682-3630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90007 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)