

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90010 034 \*\*\*\*61.25

**DOCUMENT # N93000002121**

1. Entity Name  
**LIVE OAK BAPTIST CHURCH OF CRESTVIEW,  
INCORPORATED**



Principal Place of Business <b>4565 LIVE OAK CHURCH RD CRESTVIEW, FL 32539</b>	Mailing Address <b>4565 LIVE OAK CHURCH RD CRESTVIEW, FL 32539</b>
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**40000791**



01042008 No Chg-NP CR2E037 (4/06)

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4. FEI Number <b>59-2411876</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, CHARLES DENNIS  
957 VALLEY RD  
CRESTVIEW, FL 32536**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Charles Dennis Walker Charles Dennis Walker 1-4-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ASSOC. PASTOR DATE

Filing Fee is \$61.25  
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MERRITT, JOSEPH F 2056 GMC LANE CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDR WALKER, CHARLES DENNIS 957 VALLEY RD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, CLAUDINE 537 SHOAL RIVER DR CRESTVIEW, FL 32539
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joseph F. Merritt 1-4-08 850-682-5160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone