2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002121

LIVE OAK BAPTIST CHURCH OF CRESTVIEW, INCORPORAT



FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90124 001 ****61.25

Principal Place of Business Mailing Address 4565 LIVE OAK CHURCH RD 2000496n 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. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2411876 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITE, REV. BILLY.W. -Street Address (P.O. Box Number is Not Acceptable). 113 CAMELLIA PLACE CRESTVIEW FL 32536 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE 🛛 Delete TITLE ☐ Change Addition NAME amos, Joyce VIA, RHONDA NAME 4682 CAHOKIA RUN STREET ADDRESS 204 ROSEWOOD AVE STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32536 arestview, FL 32539 CITY-ST-ZIP TITLE ΑT Delete TITLE ☐ Change NAME BENDER, PEGGY Addition STRÈET ADDRESS 21 DABNEY CT STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32539 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WHITE, HELEN R. NAME STREET ADDRESS 113 CAMELLIA PL STREET ADDRESS CITY-ST-ZIP **CRESTVIEW FL** CITY-ST-ZIP TITLE PTRD ☐ Delete TITLE ☐ Change ☐ Addition NAME white, rev. billy w. NAME STREET ADDRESS 113 CAMELLIA PL STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL CITY-ST-2IP Delete TITLE ☐ Change ☐ Addition NAME KEELING, DENNIS NAME STREET ADDRESS 2755 SAVANNAH LANE STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32539 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

CITY-ST-ZIP

SIGNATURE: \(\)

(850) 682-5160