

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002570 (8)

1. Corporation Name

LIVE OAK CHRISTIAN CENTER, INC.



Principal Place of Business

**1863 LIVE OAK DR.
JACKSONVILLE FL 32246**

Mailing Address

**1863 LIVE OAK DR.
JACKSONVILLE FL 32246**

3. Date Incorporated or Qualified

05/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3321920

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

24

25

29

32245-7375

30

Duval

9. Name and Address of Current Registered Agent

**DEAL, KEITH M
9550 REGENCY SQUARE BLVD.
SUITE 1115
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **O'CONNOR, MICHAEL**
STREET ADDRESS **2771-25 MONUMENT RD., SUITE 144**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ DELETE
NAME **O'CONNOR, RAMONA J**
STREET ADDRESS **2771-25 MONUMENT RD., SUITE 144**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ DELETE
NAME **SLATTERY, PATRICK W**
STREET ADDRESS **10162 BROOKVIEW DR. S.**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **SD** ☐ DELETE
NAME **SLATTERY, ABLA B**
STREET ADDRESS **10162 BROOKVIEW DR. S.**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **VD** ☐ DELETE
NAME **FRANKLIN, JAMES T**
STREET ADDRESS **6657 VERMILLION ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☐ DELETE
NAME **FRANKLIN, ESSIE D**
STREET ADDRESS **6657 VERMILLION ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD** ☒ Change ☐ Addition
12 NAME **O'CONNOR, Michael**
13 STREET ADDRESS **PO Box 17375 (1863 LIVE OAK DR)**
14 CITY-ST-ZIP **Jax FL 32245-7375**

21 TITLE **D** ☒ Change ☐ Addition
22 NAME **O'CONNOR, Ramona J**
23 STREET ADDRESS **PO Box 17375 (1863 LIVE OAK DR)**
24 CITY-ST-ZIP **Jax FL 32245-7375**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Michael O'Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96

727-5028

Date

Daytime Phone #

CR2E037 (12/95)