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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

1863 LIVE OAK DR.  
JACKSONVILLE FL 32246

P.O. BOX 17375  
JACKSONVILLE FL 32245-7375  
US



3. Date Incorporated or Qualified  
05/25/1995

3a. Date of Last Report  
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1863 Live Oak DR

4. FEI Number  
59-3321928

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

25 Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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  
NAME O'CONNOR, MICHAEL  
STREET ADDRESS P.O. BOX 17375 1863 LIVE OAK DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
NAME O'CONNOR, RAMONA J  
STREET ADDRESS P.O. BOX 17375 (1863 LIVE OAK DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME VD  
5.3 STREET ADDRESS EMILE KANIM  
5.4 CITY-ST-ZIP 1863 LIVE OAK DR  
JAX FL 32246

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME D  
6.3 STREET ADDRESS ED WILLIS  
6.4 CITY-ST-ZIP 1935 HILLTOP BLVD  
JAX FL 32246

14. I do 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 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 Michael O'Connor 4-15-97 727-5028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0008544

CR2E037 (9/96)