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Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US**



2. Principal Place of Business

21 1835 Live Oak Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 1835 Live Oak Dr
Suite, Apt. #, etc.

City & State

23 Jax FL

City & State

28 Jax FL

Zip

24 32246

Country

25 USA

Zip

29 32246

Country

30 USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/25/1995

4. FEI Number

59-3321928

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

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

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

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

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

TITLE ☐ DELETE
NAME **VD KANIM, EMILE**
STREET ADDRESS **1863 LIVE OAK DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **D WILLIS, ED**
STREET ADDRESS **1935 HILLTOP BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

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 **SD** ☒ Change ☐ Addition
2.2 NAME **O'CONNOR, Ramona J.**
2.3 STREET ADDRESS **1863 Live Oak Dr**
2.4 CITY-ST-ZIP **Jax FL 32246**

3.1 TITLE **D Ch.** ☐ Change ☒ Addition
3.2 NAME **Christopher Rivera**
3.3 STREET ADDRESS **10770 Anders Blvd**
3.4 CITY-ST-ZIP **Jax FL 32246**

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 -

(904)

3-12-98

732-5028

CR2E037 (10/97)