

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002570

FILED
Feb 06, 2004
Secretary of State**Entity Name:** LIVE OAK CHRISTIAN CENTER, INC.**Current Principal Place of Business:**1835 LIVE OAK DR.
JACKSONVILLE, FL 32246 US**New Principal Place of Business:****Current Mailing Address:**1835 LIVE OAK DR.
JACKSONVILLE, FL 32246 US**New Mailing Address:**6806 BENTLEY AVE
DARIEN, IL 60561 US**FEI Number:** 59-3321928**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**O'CONNOR, MICHAEL
1863 LIVE OAK DR
JACKSONVILLE, FL 32246 US**Name and Address of New Registered Agent:**O'CONNOR, MICHAEL
1863 LIVE OAK DRIVE
JACKSONVILLE, FL 32246 US

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.

SIGNATURE: MICHAEL O'CONNOR

02/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'CONNOR, MICHAEL
Address: P.O. BOX 17375 1863 LIVE OAK DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: O'CONNOR, RAMONA J
Address: 1863 LIVE OAK DR.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: RIVERA, CHRISTOPHER
Address: 10770 ANDERS BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD () Delete
Name: KANIM, EMILE
Address: 1863 LIVE OAK DR
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: WILLIS, ED
Address: 1935 HILLTOP BLVD
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: SLATTERY, ABBY
Address: 10162 BROOKVIEW DR. S.
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: RIVERA, CHRISTOPHER
Address: 10770 ANDERS BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D (X) Change () Addition
Name: KANIM, EMILE
Address: 1863 LIVE OAK DR
City-St-Zip: JACKSONVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL O'CONNOR

PD

02/06/2004

Electronic Signature of Signing Officer or Director

Date