2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N96000006235

Entity Name: FRIENDSHIP BAPTIST CHURCH OF LIVE OAK, FLORIDA, INC.

Current Principal Place of Business:

14364 140TH STREET
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

14364 140TH STREET
LIVE OAK, FL 32060

New Mailing Address:

FEI Number: 59-2375929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TEEMS, DAVID D
14364 140TH STREET
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TEEMS, DAVID D
Address: 18595 144TH ST
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete
Name: STAATS, DEWITT
Address: 13911 144TH STREET
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete
Name: DEESE, LINDA
Address: 6253 163RD DR
City-St-Zip: LIVE OAK, FL 32060

Title: S ( ) Delete
Name: CROWE, WANDA
Address: 13774 80TH TERRACE
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete
Name: FLOYD, LAMAR
Address: 15897 129TH ROAD
City-St-Zip: MC ALPIN, FL 32062

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: HODGES, BOB
Address: 12567 160TH TERRACE
City-St-Zip: MCALPIN, FL 32062

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

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

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

Title: YP ( ) Change (X) Addition
Name: FLETCHER, KEVIN
Address: 611 HELVESTON AVE
City-St-Zip: LIVE OAK, FL 32064

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LINDA DEESE T 03/16/2009

Electronic Signature of Signing Officer or Director — Date