## **FILED** Mar 24, 2006 8:00 am Secretary of State

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1. Entity Nam	MENT # N98000000		(S.M.S.		03-	24-2006 90033 01	8 ****61.	.25		
Principal Plac 20309 180T LIVE OAK, FL	TH ST	Mailing Address 20309 180TH ST LIVE OAK, FL 32060			* ************************************					
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02242006 Chg	J-NP · CR2E03	37 (11/05)			
City & Stat		City & State			59-3348407			oplied For ot Applicable		
Zìp	Country	Zip	Countr	'y	5. Certificate of Stat		\$8.75 Add Fee Require			
	6. Name and Address of Current	Registered Agent		Name	7. Name and Addre	ss of New Registered	Agent			
MOORE, F 19755 162			<u> </u>							
	, FL 32060		Ľ	Street Address (P.O. Box Number is Not Acceptable)						
				Oib.			T 2: 0 (			
				City . FL Zip Code						
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	Filing Fee is \$61.25 Due by May 1, 2006	npaign Fina Contribution		\$5.00 May Be Added to Fees	Make checi Florida Depar					
10.	OFFICERS AND DIF	RECTORS Delete	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES	TO OFFICERS AND DI				
NAME STREET ADDRESS CITY-ST-ZIP	MOORE, RYAN 19755 162ND ST LIVE OAK, FL 32060	NAME STREET A		·		☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPP, SONNY 21133 176TH ST LIVE OAK, FL 32060	TITLE NAME STREET A	ADDRESS - ZIP			☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP====				ADDRESS - ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST				Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST				□ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	· Delete	TITLE NAME STREET A CITY-ST				☐ Change	☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: Man More Hyper Make 3-19-06 386-776-1539 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Prone #										



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2006

LURAVILLE BAPTIST CHURCH, INC. 20309 180TH ST LIVE OAK, FL 32060

SUBJECT: LURAVILLE BAPTIST CHURCH, INC.

Ref. Number:/N98000000670

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 606A00013339

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