


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000000670</b> 1. Entity Name LURAVILLE BAPTIST CHURCH, INC.	
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Principal Place of Business 20309 180TH ST LIVE OAK, FL 32060	Mailing Address 20309 180TH ST LIVE OAK, FL 32060
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3348407	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MOORE, RYAN  
19755 162ND ST  
LIVE OAK, FL 32060

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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 Ryan Moore (NOTE: Registered Agent signature required when reinstating) Ryan MOORE DATE 2-3-08

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, RYAN 19755 162ND ST LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPP, SONNY 21133 176TH ST LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERRING, DANNY 14214 CR 349 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAMBLE, PAUL 18781 168TH ST LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000819968  
02/18/08-80008-021 70.00

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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 or 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: Paul Gamble 1-15-08 386-776-1653  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #