

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000670

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: LURAVILLE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

20309 180TH ST  
LIVE OAK, FL 32060

**New Principal Place of Business:**

**Current Mailing Address:**

20309 180TH ST  
LIVE OAK, FL 32060

**New Mailing Address:**

FEI Number: 59-3348407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOORE, RYAN  
19755 162ND ST  
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: D ( ) Delete  
Name: MOORE, RYAN  
Address: 19755 162ND ST  
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete  
Name: SAPP, SONNY  
Address: 21133 176TH ST  
City-St-Zip: LIVE OAK, FL 32060

Title: STD ( ) Delete  
Name: HERRING, DANNY  
Address: 14214 CR 349  
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete  
Name: GAMBLE, PAUL  
Address: 18781 168TH ST  
City-St-Zip: LIVE OAK, FL 32060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: PAUL GAMBLE

TRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date