

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005364

FILED  
Aug 09, 2009  
Secretary of State

**Entity Name:** LIVE OAK CHURCH OF NAVARRE, INC.

**Current Principal Place of Business:**

7304 E BAY BLVD  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

7304 E BAY BLVD  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 59-3580355      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

DRINKWATER, LISA A  
6804 TIDEWATER DRIVE  
NAVARRE, FL 32566 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: HOWELL, WILLIAM P  
Address: 2917 SANDPIPER COVE  
City-St-Zip: NAVARRE, FL 332566

Title: SD ( ) Delete  
Name: KLAUS, WILLIAM J JR  
Address: 6804 TIDEWATER DR  
City-St-Zip: NAVARRE, FL 32566

Title: TD ( ) Delete  
Name: DRINKWATER, LISA A  
Address: 6804 TIDEWATER DRIVE  
City-St-Zip: NAVARRE, FL 32566

**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:

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: LISA A DRINKWATER

TD

08/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date