Current Prin 9989 CR 136 LIVE OAK, FL	ncipal Place of Business: 32060		00130	7392190
Current Ma	ling Address:			
9989 CR 13 LIVE OAK,				
FEI Number: 59-2722421			Certificate of Status Desired: Yes	
Name and A	Address of Current Registered Agent:			
DAVIDSON, R(9989 CR 136 LIVE OAK, FL				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Fi	lorida
		0	0, ,	ondu.
SIGNATURI	E: DAVIDSON, ROBERT C.	Ű		02/22/2015
SIGNATURI	E: DAVIDSON, ROBERT C. Electronic Signature of Registered Agent		.	
	,		.	02/22/2015
	Electronic Signature of Registered Agent	Title	PD	02/22/2015
Officer/Dire	Electronic Signature of Registered Agent			02/22/2015
Officer/Dire Title	Electronic Signature of Registered Agent ctor Detail : D	Title	PD	02/22/2015
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : D FILKILL, BOYD 11296 177TH ROAD	Title Name	PD CRAIN, JIMMY E 10881 109TH LANE	02/22/2015
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : D FILKILL, BOYD 11296 177TH ROAD	Title Name Address	PD CRAIN, JIMMY E 10881 109TH LANE	02/22/2015
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : D FILKILL, BOYD 11296 177TH ROAD LIVE OAK FL 32060	Title Name Address City-State-Zip:	PD CRAIN, JIMMY E 10881 109TH LANE LIVE OAK FL 32060	02/22/2015
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : D FILKILL, BOYD 11296 177TH ROAD LIVE OAK FL 32060 D	Title Name Address City-State-Zip: Title	PD CRAIN, JIMMY E 10881 109TH LANE LIVE OAK FL 32060 D	02/22/2015

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15860

I hereby 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 all other like empowered.

SIGNATURE: ROBERT C. DAVIDSON

Electronic Signature of Signing Officer/Director Detail

TREAS/SEC

02/22/2015

FILED Feb 22, 2015 **Secretary of State** Entity Name: GRACE EVANGELICAL LUTHERAN CHURCH OF LIVE OAK, INC. CC7587392196