

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Myrman  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 759073 (0)**

1. Corporation Name

**TABERNALE BAPTIST CHURCH OF LIVE OAK, FLORIDA, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

GOLD KIST BLVD  
PO BOX 95  
LIVE OAK FL 32060

GOLD KIST BLVD  
PO BOX 95  
LIVE OAK FL 32060

3. Date Incorporated or Qualified

3a. Date of Last Report

07/09/1981

01/28/1994

4. FEI Number

Applied For

59-2353096

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental Fee Not Required

Tax Exempt Status

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSER, GILBERT C.  
310 SHELBY AVE.  
LIVE OAK, FL  
LIVE OAK FL 32060

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signatures, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME DINKINS, GEORGE  
STREET ADDRESS RT. 2, BOX 209B  
CITY - ST - ZIP LIVE OAK, FL 00000

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE SD  
NAME BRINKLEY, LAK  
STREET ADDRESS POST OFFICE BOX 458 N/A  
CITY - ST - ZIP LIVE OAK, FL 00000

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE PD  
NAME ROSER, GILBERT C.  
STREET ADDRESS 310 SHELBY AVE.  
CITY - ST - ZIP LIVE OAK, FL 00000

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE D  
NAME NEELY, WALTER  
STREET ADDRESS 602 5TH ST  
CITY - ST - ZIP LIVE OAK, FL 00000

41 TITLE  Change  Addition  
42 NAME DOWDY, JAMES  
43 STREET ADDRESS RT. 2 BOX 107  
44 CITY - ST - ZIP LIVE OAK, FL

TITLE D  
NAME LONG, FRANK L.  
STREET ADDRESS RT. 7, BOX 4643  
CITY - ST - ZIP LIVE OAK FL

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GILBERT C. ROSER

*Gilbert C. Roser*

4-27-95

904 362-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)