

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90001 021 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 759073

1. Corporation Name

TABERNAACLE BAPTIST CHURCH OF LIVE OAK, FLORIDA, INC.

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/09/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2353096

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **SD**
BRINKLEY, LAK
 STREET ADDRESS **POST OFFICE BOX 456 N/A**
 CITY-ST-ZIP **LIVE OAK, FL 00000**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D**
DOWDY, JAMES
 STREET ADDRESS **RT. 2 BOX 107**
 CITY-ST-ZIP **LIVE OAK FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

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

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gilbert C. Roser*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-4-99 904-362-7866
 Date Daytime Phone #

0009894
 CR2E037 (5/99)