2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714196

FILED Jan 05, 2009 Secretary of State

Entity Name: THE WOMAN'S CLUB OF LIVE OAK, INC.,

Current Principal Place of Business: New Principal Place of Business:

1308 11TH STREET SW LIVE OAK, FL 32064

Current Mailing Address: New Mailing Address:

P O BOX 309 LIVE OAK, FL 32064

FEI Number: 59-1843784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MILLS, GAIL

12780 86TH TERRACE

LIVE OAK, FL 32060 US

AIRTH, JANET

112 WEST HOWARD STREET

LIVE OAK, FL 32064 US

LIVE OAK, LE 32000 03

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: JANET AIRTH 01/05/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: T ()Delete Title: T (X)Change ()Addition

 Name:
 MILLS, GAIL
 Name:
 AIRTH, JANET

 Address:
 12780 86TH TERRACE
 Address:
 PO BOX 448

 City-St-Zip:
 LIVE OAK, FL 32060
 City-St-Zip:
 LIVE OAK, FL 32064

Title: V () Delete Title: P (X) Change () Addition

Name: HODGES, LILLIE Name: HODGES, LILLIE

 Address:
 12408 COUNTY ROAD 349 N
 Address:
 12408 COUNTY ROAD 349 N

 City-St-Zip:
 LIVE OAK, FL 32060
 City-St-Zip:
 LIVE OAK, FL 32060

Title: P () Delete Title: V (X) Change () Addition

 Name:
 THERIAULE, JANET
 Name:
 BAAN, SUSAN

 Address:
 1427 MYTLE AVE
 Address:
 18225 211TH ROAD

 City-St-Zip:
 LIVE OAK, FL 32064
 City-St-Zip:
 LIVE OAK, FL 32064

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: JANET AIRTH T 01/05/2009