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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 753558

1. Corporation Name
LIVE OAK GOLF & COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
HC 2 BOX 452 CRESCENT CITY FL 32112 US	HC 2 BOX 452 CRESCENT CITY FL 32112 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 07/30/1980

4. FEI Number: 59-1975485 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PADGETT, JAMES L.
315 EAST CENTRAL AVENUE
CRESCENT CITY FL

10. Name and Address of New Registered Agent

81 Name: COFFELL, N. JOAN
82 Street Address (P.O. Box Number is Not Acceptable): HC 2 BOX 202A (NA)
83
84 City: CRESCENT CITY FL 85 Zip Code: 32112

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: N. Joan Coffell N. Joan Coffell, Asst. Treas. 2/27/99
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	T	☐ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	ALEXANDER, R. B.		1.2 NAME	Keever, Glenn	
STREET ADDRESS	STAR RT. 2 BOX 1161 N/A		1.3 STREET ADDRESS	P O Box 259 N/A	
CITY-ST-ZIP	WELAKA FL 32193		1.4 CITY-ST-ZIP	Georgetown, FL 32139	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	SMITH, ROY		2.2 NAME	Peterson, Jerome	
STREET ADDRESS	P.O. BOX 591 N/A		2.3 STREET ADDRESS	PO Box 75 N/A	
CITY-ST-ZIP	SAN MATEO FL		2.4 CITY-ST-ZIP	Georgetown, FL 32139	
TITLE	P	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	DELARM, JOHN		3.2 NAME	Neal, Billy R	
STREET ADDRESS	PO BOX 606		3.3 STREET ADDRESS	HC 2 Box 427 N/A	
CITY-ST-ZIP	SAN MATEO FL N/A		3.4 CITY-ST-ZIP	Crescent City, FL 32112	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	NARMORE, JEANNE		4.2 NAME	Glenn, Dale	
STREET ADDRESS	P.O. BOX 66 N/A		4.3 STREET ADDRESS	PO Box 135 N/A	
CITY-ST-ZIP	WEKALA FL		4.4 CITY-ST-ZIP	Georgetown, FL 32139	
TITLE	S	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	RAMSEY, JOSEPH		5.2 NAME	Ramsey, Joseph	
STREET ADDRESS	P.O. BPX 583 N/A		5.3 STREET ADDRESS	PO Box 1081 N/A	
CITY-ST-ZIP	SATSUMA FL 32189		5.4 CITY-ST-ZIP	Welaka, FL 32193	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCMURRY, R.L.		6.2 NAME		
STREET ADDRESS	P.O. BOX 106 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	GEROGETOWN FL 32139		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: N. Joan Coffell SIGNATURE REQUIRED 2/28/99 Date (904) 467-9442 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. B. Alexander 3/28/99 (904) 467-3157