


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000008273**  
1. Entity Name  
**LIVE OAK MUSIC & ARTS FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**PO BOX 50097      PO BOX 50097**  
**JACKSONVILLE BEACH, FL 32240-0097      JACKSONVILLE BEACH, FL 32240-0097**



01162006 No Chg-NP      CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3699314**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JUDY, ELIZABETH C**  
**605 UPPER 8TH AVE SOUTH**  
**JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing            **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JUDY, ELIZABETH C
STREET ADDRESS	605 UPPER 8TH AVE SOUTH
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D
NAME	CURRY, CATHLEEN C
STREET ADDRESS	562 UPPER 8TH AVE SOUTH
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D
NAME	JUDY, RANDALL W
STREET ADDRESS	605 UPPER 8TH AVE SOUTH
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000393666  
01/25/06-80029-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Elizabeth C Judy*      **Elizabeth C Judy**      1-16-6      904-249-1990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #