

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 29, 2007 8:00 am  
Secretary of State**

03-29-2007 90020 038 \*\*\*\*70.00

**DOCUMENT # N05000010737**

1. Entity Name  
**LIVE OAK GARDEN CLUB, INC.**



Principal Place of Business  
**1300 11TH STREET  
LIVE OAK, FL 32064**

Mailing Address  
**PO BOX 145  
LIVE OAK, FL 32064**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>AIRTH, HAL A 112 W HOWARD STREET LIVE OAK, FL 32064</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE <b>Lucille Heinrich</b> NAME <b>6165 Wiggins Road</b> STREET ADDRESS <b>Live Oak, FL 32060</b> CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, GLENDA B		
STREET ADDRESS	9459 141ST LANE		
CITY-ST-ZIP	LIVE OAK, FL 32060		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE <b>Rosemary Ivie</b> NAME <b>7789 180th STREET</b> STREET ADDRESS <b>McAlpin, FL 32062</b> CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, ELLA		
STREET ADDRESS	6375 CR 136A		
CITY-ST-ZIP	LIVE OAK, FL 32060		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE <b>Jean Cheeseman</b> NAME <b>8653 133rd Lane</b> STREET ADDRESS <b>Live Oak, FL 32060</b> CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACK, LUCY		
STREET ADDRESS	9253 127TH LANE		
CITY-ST-ZIP	LIVE OAK, FL 32060		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE <b>Juanita Thrasher</b> NAME <b>1010 Coliseum Ave.</b> STREET ADDRESS <b>Live Oak, FL 32064</b> CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACK, JOAN		
STREET ADDRESS	17431 CR 136		
CITY-ST-ZIP	LIVE OAK, FL 32060		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE <b>Velma S. Cooksey</b> NAME <b>4450 85th Road</b> STREET ADDRESS <b>Live Oak, FL 32060</b> CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THRASHER, JUANITA		
STREET ADDRESS	1010 COLISEUM AVENUE		
CITY-ST-ZIP	LIVE OAK, FL 32064		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE <b>Connie Donegan</b> NAME <b>1110 Pine Ave. SW</b> STREET ADDRESS <b>Live Oak, FL 32064</b> CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REAVES, SHIRLEY		
STREET ADDRESS	PO BOX 98		
CITY-ST-ZIP	MCALPIN, FL 32062		

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: Velma S. Cooksey** *Velma S. Cooksey, Treasurer 3-27-07 386,364-5982*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #