


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000010737</b>	
1. Entity Name <b>LIVE OAK GARDEN CLUB, INC.</b>	

Principal Place of Business <b>1300 11TH STREET LIVE OAK, FL 32064</b>	Mailing Address <b>PO BOX 145 LIVE OAK, FL 32064</b>
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**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1921481</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**AIRTH, HAL A  
112 W HOWARD STREET  
LIVE OAK, FL 32064**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

00000128397  
01/18/08-80039-014 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINRICH, LUCILLE 6165 WIGGINS ROAD LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVIE, ROSEMARY 7789 180TH STREET MC ALPIN, FL 32062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEESEMAN, JEAN 8653 133RD LANE LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THRASHER, JUANITA 1010 COLISEUM AVE LIVE OAK, FL 32064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOKSEY, UELMA S 4450 85TH ROAD LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONÉGAN, CONNIE 1110 PINE AVE. SW LIVE OAK, FL 32064

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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:** Alice Reagan Treas 1-15-08 386-362-7695  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #