

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011807

FILED
Apr 17, 2007
Secretary of State

Entity Name: KIWANIS CLUB OF LIVE OAK, INC.

Current Principal Place of Business:

105 N OHIO AVE
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

105 N OHIO AVE
LIVE OAK, FL 32064

New Mailing Address:

P O BOX 568
LIVE OAK, FL 32064

FEI Number: 13-4353351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREVATT, JAMES W JR
105 N OHIO AVE
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

ROB, CATHCART
105 N OHIO AVE
LIVE OAK, FL 32064 US

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: ROB CATHCART

04/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEELE, CONNIE
Address: 718 WELLER AVE SE
City-St-Zip: LIVE OAK, FL 32064

Title: D () Delete
Name: CAMERON, TONY
Address: 200 S OHIO-MLK AVE
City-St-Zip: LIVE OAK, FL 32064

Title: D () Delete
Name: HARRIS, BILL
Address: 15740 58TH TERRACE
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: PARNELL, MYRTLE
Address: P O BOX 370
City-St-Zip: LIVE OAK, FL 32064

Title: D () Delete
Name: HILL, JOHN
Address: 1105 HOWARD ST W
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: WOOD, JON
Address: 8457 127TH DR
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MONJA ROBINSON

TREA

04/17/2007

Electronic Signature of Signing Officer or Director

Date