

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011807

FILED  
May 30, 2008  
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:**

P O BOX 568  
LIVE OAK, FL 32064

**New Mailing Address:**

FEI Number: 13-4353351      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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 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: CONNIE STEELE

D

05/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date