

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90178 041 ****61.25

DOCUMENT # N07000001065					
1. Entity Name LIVE OAK ARTISTS GUILD, INC.					
Principal Place of Business 423 SW MONTGOMERY DR LAKE CITY, FL 32025 213 2nd St. N.W. LIVE OAK, FL 32064			Mailing Address P.O. BOX 1145 LIVE OAK, FL 32064 213 2nd St LIVE OAK, FL 32064		
2. Principal Place of Business - No P.O. Box # 213 2nd St N.W.		3. Mailing Address SAME			
Suite, Apt. #, etc. LIVE OAK, FL		Suite, Apt. #, etc.			
City & State 32064		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3544598	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REICHERT, WALLY 423 SW MONTGOMERY DR LAKE CITY, FL 32025 LYNN RUTHERFORD			7. Name and Address of New Registered Agent Name: LYNN RUTHERFORD Street Address (P.O. Box Number is Not Acceptable): 213 N.W. 2nd St LIVE OAK, FL 32064 City: FL 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: <u>Lynn Rutherford, Treasurer</u> 4/1/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P BOX, EILEEN 8576 86TH ST LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Linda Ruwe 831 Coliseum Ave. Live Oak, FL 32064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARGER, SUE 9478 14TH LANE LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mitchell, Marlene 450 S. Van Buren Road Mayo, FL 32066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAKE, JOAN 1318 COPELAND ST SW LIVE OAK, FL 32064	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEBBIE RICE 109 W. HOWARD ST LIVE OAK, FL 32064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REICHERT, WALLY 423 SW MONTGOMERY DR LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LYNN RUTHERFORD 16168 76th St LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP STRICKLAND, DAWNE 1004 WELLER AVE LIVE OAK, FL 32064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Lynn Rutherford, Treasurer</u> 4/1/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					