


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90037 035 \*\*\*\*61.25

<b>DOCUMENT # N07000001065</b> 1. Entity Name LIVE OAK ARTISTS GUILD, INC.					
Principal Place of Business 213 2ND ST. NW LIVE OAK, FL 32064			Mailing Address 213 2ND ST. NW 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	04112008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3544598				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  RUTHERFORD, LYNN 213 NW 2ND ST. LIVE OAK, FL 32064			7. Name and Address of New Registered Agent Name <u>Linda Ruwe</u> Street Address (P.O. Box Number is Not Acceptable) <u>213 NW 2 ST</u> <u>1</u> City <u>Live Oak FL FL</u> Zip Code <u>32064</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUWE, LINDA		NAME		
STREET ADDRESS	831 COLISEUM AVE.		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32064		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, MARLENE		NAME		
STREET ADDRESS	450 S. VAN BUREN RD.		STREET ADDRESS		
CITY-ST-ZIP	MAYO, FL 32066		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICE, DEBBIE		NAME		
STREET ADDRESS	109 W. HOWARD ST.		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32064		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUTHERFORD, LYNN		NAME	<u>Linda Ruwe</u>	
STREET ADDRESS	16165 76TH ST.		STREET ADDRESS	<u>213 NW 2 ST.</u>	
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP	<u>Live Oak FL 32064</u>	
TITLE	PP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRICKLAND, DAWNE		NAME		
STREET ADDRESS	1004 WELLER AVE		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32064		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Linda Ruwe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/10/08</u> Daytime Phone # <u>386-302-0985</u>		