

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001065

FILED
Mar 10, 2009
Secretary of State

Entity Name: LIVE OAK ARTISTS GUILD, INC.

Current Principal Place of Business:

213 2ND ST. NW
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

213 2ND ST. NW
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 59-3544598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUWE, LINDA
213 NW 2ND ST.
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

MARCIL, SUZANNE
12330 160TH TERRACE
MCALPIN, FL 32062 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: SUZANNE MARCIL

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUWE, LINDA
Address: 831 COLISEUM AVE.
City-St-Zip: LIVE OAK, FL 32064

Title: VP () Delete
Name: MITCHELL, MARLENE
Address: 450 S. VAN BUREN RD.
City-St-Zip: MAYO, FL 32066

Title: S () Delete
Name: RICE, DEBBIE
Address: 109 W. HOWARD ST.
City-St-Zip: LIVE OAK, FL 32064

Title: T () Delete
Name: RUWE, LINDA
Address: 16165 76TH ST.
City-St-Zip: LIVE OAK, FL 32060

Title: PP (X) Delete
Name: STRICKLAND, DAWNE
Address: 1004 WELLER AVE
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MITCHELL, MARLENE
Address: 450 S. VAN BUREN ROAD
City-St-Zip: MAYO, FL 32066

Title: VP (X) Change () Addition
Name: BOX, EILEEN
Address: 8576 66TH ROAD
City-St-Zip: LIVE OAK, FL 32060

Title: S (X) Change () Addition
Name: RUDA, SUSAN
Address: 10336 142ND STREET
City-St-Zip: LIVE OAK, FL 32060

Title: T (X) Change () Addition
Name: MARCIL, SUZANNE
Address: 12330 160TH TERRACE
City-St-Zip: MCALPIN, FL 32060

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: SUZANNE MARCIL

T

03/10/2009

Electronic Signature of Signing Officer or Director

Date