2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N08000002960

Entity Name: LIVE OAK LIONS CHARITIES, INC.

Current Principal Place of Business:

407 SOUTH DOWLING AVENUE
LIVE OAK, FL

New Principal Place of Business:

407 SOUTH DOWLING AVENUE
LIVE OAK, FL 32064

Current Mailing Address:

P.O. BOX 845
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 26-2290113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWELL, DANA COY
109 TUXEDO AVENUE N.E.
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: PD ( ) Delete
Name: ALLEN, JERRY W
Address: 13381 RAILROAD STREET
City-St-Zip: LIVE OAK, FL 32060

Title: PD ( ) Delete
Name: BLACK, HERMAN D
Address: 9253 127TH LANE
City-St-Zip: LIVE OAK, FL 32060

Title: D (X) Delete
Name: CHENEY, DOUGLAS
Address: 998 PINEVIEW CIRCLE
City-St-Zip: LIVE OAK, FL 32064

Title: D ( ) Delete
Name: HERRING, GERALD A
Address: 8821 141ST LANE
City-St-Zip: LIVE OAK, FL 32060

Title: SD ( ) Delete
Name: STEWART, MARQUIS B
Address: 2003 EVERGREN AVE S.W.
City-St-Zip: LIVE OAK, FL 32064

Title: D ( ) Delete
Name: HOWELL, DNAN COY
Address: P.O. BOX 219
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: ALLEN, JERRY W
Address: 13381 RAILROAD STREET
City-St-Zip: LIVE OAK, FL 32060

Title: D (X) Change ( ) Addition
Name: BLACK, HERMAN D
Address: 9253 127TH LANE
City-St-Zip: LIVE OAK, FL 32060

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

Title: PD (X) Change ( ) Addition
Name: HERRING, GERALD A
Address: 8821 141ST LANE
City-St-Zip: LIVE OAK, FL 32060

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: JERRY W. ALLEN TD 01/19/2009

Electronic Signature of Signing Officer or Director — Date