

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002960

FILED  
Jan 10, 2011  
Secretary of State

**Entity Name:** LIVE OAK LIONS CHARITIES, INC.

**Current Principal Place of Business:**

407 SOUTH DOWLING AVENUE  
LIVE OAK, FL 32064

**New Principal Place of Business:**

**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: TD  
Name: ALLEN, JERRY W  
Address: 13381 RAILROAD STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: PD  
Name: MULLIS, DAVID F  
Address: P.O. BOX 237  
City-St-Zip: LIVE OAK, FL 32064

Title: D  
Name: HOMER, SCROGGIN A  
Address: 5841 147TH ROAD  
City-St-Zip: LIVE OAK, FL 32060

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

Title: D  
Name: JOHNSON, MICHAEL E  
Address: 13747 82ND PLACE  
City-St-Zip: LIVE OAK, FL 32060

I hereby 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 all other like empowered.

SIGNATURE: JERRY W. ALLEN

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01/10/2011

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Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date