2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

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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:

407 SOUTH DOWLING AVENUE
LIVE OAK, FL 32060

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: T/D
Name: MULLIS, DAVID F
Address: 8866 141ST LANE
City-St-Zip: LIVE OAK, FL 32060

Title: P/D
Name: GREENE, KEVIN B
Address: 214 11TH STREET
City-St-Zip: LIVE OAK, FL 32064 US

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

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

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

Title: VP/D
Name: JORDAN, DAVID N
Address: 894 COLISEUM AVE.
City-St-Zip: LIVE OAK, FL 32064 US

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: DAVID F. MULLIS T/D 01/04/2012

Electronic Signature of Signing Officer or Director — Date