

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90019 006 ****61.25

DOCUMENT # N13724

1. Entity Name

LIVE OAK SHRINE CLUB HOLDING CORPORATION



Principal Place of Business

LIVE OAK SHRINE CLUB
P.O. BOX 1333
LIVE OAK FL 32064

Mailing Address

LIVE OAK SHRINE CLUB
P.O. BOX 1333
LIVE OAK FL 32064

2. Principal Place of Business

10105 100th STREET

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LIVE OAK, FLA

City & State

Zip

32060

Country

SIWANNEE

Zip

Country

4. FEI Number

23-7323517

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONALDSON, DENNIS
22553 88TH STREET
LIVE OAK FL 32060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NIMS, MIKE	
STREET ADDRESS	16311 80ND SY	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	S	<input type="checkbox"/> Delete
NAME	GAYLARD, FRED	
STREET ADDRESS	4575 LOWE LAKE RD	
CITY-ST-ZIP	WELLBORN FL 32094	
TITLE	T	<input type="checkbox"/> Delete
NAME	DONALDSON, DENNIS	
STREET ADDRESS	22553 88TH ST	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOFFIELD, ROGER	
STREET ADDRESS	15658 51ST DRIVE	
CITY-ST-ZIP	WELLBORN FL 32094	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRALICK, TED	
STREET ADDRESS	RT. 1, BOX 258-B	
CITY-ST-ZIP	WELLBORN FL 32094	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, LEWIS	
STREET ADDRESS	8019 219TH PLACE	
CITY-ST-ZIP	LIVE OAK FL 32060	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL SANDERS	
STREET ADDRESS	7165 US Hwy 90 EAST	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Dennis Donaldson Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18, 2004

Date

Daytime Phone #

384
658-2360