

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90059 024 ****61.25

DOCUMENT # N13724
 1. Entity Name
LIVE OAK SHRINE CLUB HOLDING CORPORATION



Principal Place of Business Mailing Address
 10105 100TH STREET LIVE OAK SHRINE CLUB
 LIVE OAK FL 32060 P.O. BOX 1333
 LIVE OAK FL 32064

20009021



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **23-7323517** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DONALDSON, DENNIS
22553 88TH STREET
LIVE OAK FL 32060

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDERS, BILL <input checked="" type="checkbox"/> Delete 7165 US HWY 90 EAST LIVE OAK FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAYLARD, FRED <input type="checkbox"/> Delete 4575 LOWE LAKE RD WELLBORN FL 32094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONALDSON, DENNIS <input type="checkbox"/> Delete 22553 88TH ST LIVE OAK FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOFFIELD, ROGER <input checked="" type="checkbox"/> Delete 15658 51ST DRIVE WELLBORN FL 32094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRALICK, TED <input type="checkbox"/> Delete RT. 1, BOX 258-B WELLBORN FL 32094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, LEWIS <input type="checkbox"/> Delete 8019 219TH PLACE LIVE OAK FL 32060

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT F. MACH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22925 104TH STREET LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V J. LARRY JORDAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2712 122ND TERRACE WELLBORN, FL 32094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: Dennis J. Donaldson Treasurer Date: Feb 3, 2005 Daytime Phone #: 386-658-2367