

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90003 043 ****61.25

DOCUMENT # N13724

1. Entity Name

LIVE OAK SHRINE CLUB HOLDING CORPORATION



Principal Place of Business

**10105 100TH STREET
LIVE OAK FL 32060**

Mailing Address

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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, 2008**

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 **P** ☒ Delete
NAME **JORDAN, LARRY J**
STREET ADDRESS **2712 22ND TERR.**
CITY-ST-ZIP **WELLBORN FL 32094**

TITLE **S** ☒ Delete
NAME **HALL, LES**
STREET ADDRESS **11015 71ST DR.**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **T** ☐ Delete
NAME **DONALDSON, DENNIS**
STREET ADDRESS **22553 88TH ST**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **V** ☐ Delete
NAME **CONNERS, LEO**
STREET ADDRESS **3509 158TH ST.**
CITY-ST-ZIP **WELLBORN FL 32094**

TITLE **D** ☒ Delete
NAME **FRALICK, TED**
STREET ADDRESS **RT. 1, BOX 258-B**
CITY-ST-ZIP **WELLBORN FL 32094**

TITLE **D** ☐ Delete
NAME **WALTERS, LEWIS**
STREET ADDRESS **8019 219TH PLACE**
CITY-ST-ZIP **LIVE OAK FL 32060**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES** ☒ Change ☐ Addition
NAME **TED FRALICK**
STREET ADDRESS **RT 1, BOX 258B**
CITY-ST-ZIP **WELLBORN, FL 32094**

TITLE **V** ☐ Change ☒ Addition
NAME **MIKE NIMS**
STREET ADDRESS **16311 80TH STREET**
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE **S** ☐ Change ☒ Addition
NAME **FRED GAYLARD**
STREET ADDRESS **4575 LOWE LAKE RD**
CITY-ST-ZIP **WELLBORN FL 32094**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Feb 29, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #