2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13724

FILED Feb 05, 2009 Secretary of State

Entity Name: LIVE OAK SHRINE CLUB HOLDING CORPORATION

Current Principal Place of Business: New Principal Place of Business:

22553 88TH ST 10105 100TN. STREET %DENNIS DONALDSON LIVE OAK, FL 32060

LIVE OAK, FL 32060

Current Mailing Address: New Mailing Address:

LIVE OAK SHRINE CLUB
P.O. BOX 1333
LIVE OAK, FL 32064
LIVE OAK, FL 32060
LIVE OAK, FL 32060

FEI Number: 23-7323517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DONALDSON, DENNIS

22553 88TH STREET

LIVE OAK, FL 32060 US

FRALICK, TED

4575 LOWE LAKE ROAD

WELLBORN, FL 32094 US

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: TED FRALICK 02/05/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: FRALICK, TED Name: ELLIS, KENNEY

Address: RT 1, BOX 250 B Address: RR

City-St-Zip: WELLBORN, FL 32094 City-St-Zip: WHITE SPRINGS, FL 32096

Title: V () Delete Title: V (X) Change () Addition Name: NIMS, MIKE Name: FRALICK, TED

Address: 16311 80TH STREET Address: RT. 1 BOX 258-B
City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: WELLBORN, FL 32094

Title: T () Delete Title: () Change () Addition

 Name:
 DONALDSON, DENNIS
 Name:

 Address:
 22553 88TH ST
 Address:

 City-St-Zip:
 LIVE OAK, FL 32060
 City-St-Zip:

Title: V () Delete Title: D (X) Change () Addition

 Name:
 CONNERS, LEO
 Name:
 CONNERS, LEO

 Address:
 3509 158TH ST.
 Address:
 3509 158TH ST.

 City-St-Zip:
 WELLBORN, FL 32094
 City-St-Zip:
 WELLBORN, FL 32094

Title: S () Delete Title: () Change () Addition

 Name:
 GAYLARD, FRED
 Name:

 Address:
 4575 LOWE LAKE RD
 Address:

 City-St-Zip:
 WELLBORN, FL 32094
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 WALTERS, LEWIS
 Name:

 Address:
 8019 219TH PLACE
 Address:

 City-St-Zip:
 LIVE OAK, FL 32060
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DENNIS DONALDSON T 02/05/2009