

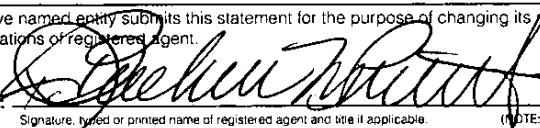
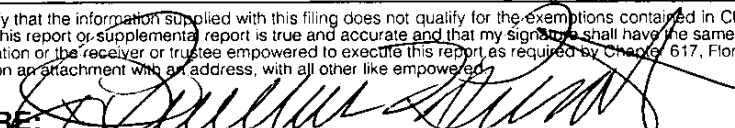


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90063 015 \*\*\*\*61.25

<b>DOCUMENT # N49355</b> 1. Entity Name ELKS CLUB OF LIVE OAK, INC.					
Principal Place of Business P.O. BOX 598 LIVE OAK, FL 32060			Mailing Address P.O. BOX 598 LIVE OAK, FL 32060		
2. Principal Place of Business - No P.O. Box # <b>415 E. Howard St.</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40141000  	
City & State <b>Live Oak, FL</b>		City & State		4. FEI Number <b>59-0643439</b>	
Zip <b>32060</b>		Country <b>Suwannee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LOWE, CARL</b> <b>12750 182ND STREET</b> <b>MC ALPIN, FL 32062</b>				7. Name and Address of New Registered Agent Name <b>CAP PRATT</b> Street Address (P.O. Box Number is Not Acceptable) <b>12163 160 TERR.</b> City <b>LIVE OAK, FL</b> Zip Code <b>32060</b>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>EXALTED ZULU</b> </div> <div style="width: 25%; text-align: right;"> <b>17 July 07</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMANAWAY, RICK 817 W. HOWARD ST. LIVE OAK, FL 32064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATT, CAP 12163 160TH TERR. LIVE OAK, FL 32060	<input type="checkbox"/> Delete		D DANIEL BENNETT 10991 112th Street Live Oak, FL 32060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERSON, HENRY 14242 48TH ST LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, STEVE 12895 COUNTY RD. 49 LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Delete		D CHER MAHAN P.O.Box 848 Live Oak, FL 32064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MOORE, J. CARL P.O. BOX 598 LIVE OAK, FL 32064	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGAN, CRAIG 816 COLISEUM AVE LIVE OAK, FL 32064	<input checked="" type="checkbox"/> Delete		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 exemptions contained 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 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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					