


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90021 016 ****61.25

DOCUMENT # N49355 1. Entity Name ELKS CLUB OF LIVE OAK, INC.					
Principal Place of Business 415 E. HOWARD STREET LIVE OAK, FL 32060			Mailing Address P.O. BOX 598 LIVE OAK, FL 32060		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0643439	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRAATT, CAP 12163 160 TERRACE LIVE OAK, FL 32060			7. Name and Address of New Registered Agent Name CHARLES WALKER Street Address (P.O. Box Number is Not Acceptable) 1700 WALKER AVE SW City LIVE OAK FL Zip Code 32064		
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 <u><i>Charles F Walker</i></u> DATE <u>4-14-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 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	D BENNETT, DANIEL 10991 112TH STREET LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHAN, CHER P.O. BOX 848 LIVE OAK, FL 32064	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAP PRAATT 12163 160 TERR LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN COWAN 10963 110 TERR. LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAP PRAATT 12163 160 TERR LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN COWAN 10963 110 TERR. LIVE OAK, FL 32060	<input checked="" 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.					
SIGNATURE: <u><i>Charles F Walker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-14-08 386-362-1165 <small>Date Daytime Phone #</small>		