

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011807

**Entity Name:** KIWANIS CLUB OF LIVE OAK, INC.

**Current Principal Place of Business:**

511 S OHIO AVE  
LIVE OAK, FL 32064

**Current Mailing Address:**

P O BOX 568  
LIVE OAK, FL 32064

**FEI Number:** 13-4353351

**Certificate of Status Desired:** No

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

MONJA, SLATER  
511 S OHIO AVE  
LIVE OAK, FL 32064 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:** MONJA SLATER

04/08/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name RENFROE, KELLY  
Address P O BOX 568  
City-State-Zip: LIVE OAK FL 32064

Title TREASURER, VP  
Name SLATER, MONJA  
Address 211 E HOWARD ST  
City-State-Zip: LIVE OAK FL 32064

Title D, OFFICER  
Name HILL, JOHN  
Address 6212 HWY 129N  
City-State-Zip: LIVE OAK FL 32064

Title PRESIDENT  
Name TILLMAN, HARDY  
Address 407 SOUTH DOWLING AVE.  
City-State-Zip: LIVE OAK FL 32064

Title OFFICER  
Name HALES, DANNY  
Address PO BOX 370  
City-State-Zip: LIVE OAK FL 32064

Title OFFICER  
Name PETERS, RYAN  
Address P O BOX 568  
City-State-Zip: LIVE OAK FL 32064

*I hereby 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 all other like empowered.*

**SIGNATURE:** MONJA SLATER

TREASURE

04/08/2021

Electronic Signature of Signing Officer/Director Detail

Date