

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002960

Entity Name: LIVE OAK LIONS CHARITIES, INC.**Current Principal Place of Business:**407 SOUTH DOWLING AVENUE
LIVE OAK, FL 32060**Current Mailing Address:**P.O. BOX 845
LIVE OAK, FL 32064**FEI Number:** 26-2290113**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HOWELL, DANA COY
109 TUXEDO AVENUE N.E.
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T/D
Name	MULLIS, DAVID F
Address	8866 141ST LANE
City-State-Zip:	LIVE OAK FL 32060

Title	P/D
Name	JORDAN, DAVID N PRESIDENT
Address	894 COLISEUM AVE SW
City-State-Zip:	LIVE OAK FL 32064

Title	D
Name	HOMER, SCROGGIN A
Address	5841 147TH ROAD
City-State-Zip:	LIVE OAK FL 32060

Title	S/D
Name	STEWART, MARQUIS B
Address	2003 EVERGREN AVE S.W.
City-State-Zip:	LIVE OAK FL 32064

Title	D
Name	JOHNSON, MICHAEL E
Address	13747 82ND PLACE
City-State-Zip:	LIVE OAK FL 32060

Title	VP/D
Name	CLARK, WYMAN H
Address	14001 STATE ROAD 51
City-State-Zip:	LIVE OAK FL 32060

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: DAVID F. MULLIS**TREASURER****01/20/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date