

2019 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:** No**Name and Address of Current Registered Agent:**JOSEPH, CHAMBERLAIN W
8483 137TH RD
LIVE OAK, FL 32060 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:** JOSEPH CHAMBERLAIN

05/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name WOOD, JAMES E
Address 15508 44TH ST
City-State-Zip: LIVE OAK FL 32060

Title PRESIDENT
Name CHAMBERLAIN, JOSEPH W
Address 8483 137TH ROAD
City-State-Zip: LIVE OAK FL 32060

Title VP
Name FLETCHER, NINA
Address 4277 161ST RD
City-State-Zip: LIVE OAK FL 32060

Title VP
Name CURLS , JOHN D
Address 15186 US HWY 90
City-State-Zip: LIVE OAK FL 32060

Title SECRETARY
Name NORMAN, DANA
Address 5751 CR 136A
City-State-Zip: LIVE OAK FL 32060

Title VP
Name POOLE, ANDREW
Address 10991 100TH ST.
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: JOSEPH W CHAMBERLAIN

PRESIDENT

05/29/2019

Electronic Signature of Signing Officer/Director Detail

Date