## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 13, 2004 8:00 am Secretary of State

Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Required   \$1.00	DOCUMENT # 704841  1. Entity Name DELEON SPRINGS LIONS CLUB, INC.						)2-13-2002	4 90012 007 ** <sup>,</sup>	01.23
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  \$8.75 Additional  Fee Required  \$8.75 Additional  Fee Required  \$9.71 Name and Address of New Registrered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Florid	4949 BILLINGSAVE 49 P.O. BOX 501 P.O.		1949 BILLINGSANE P.O BOX501						
City & State  Street Address of Status Desired  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  DATE  Filing Fee is \$81.25  Date by May 1, 2004  Street Address (P.O. Box Number is Not Acceptable)  DATE  Filing Fee is \$81.25  Date by May 1, 2004  Street Address (P.O. Box Number is Not Acceptable)  DATE  Filing Fee is \$81.25  Date by May 1, 2004  Street Address (P.O. Box Number is Not Acceptable)  DATE  Filing Fee is \$81.25  Date by May 1, 2004  Street Address (P.O. Box Number is Not Acceptable)  DATE  Filing Fee is \$81.25  Date by May 1, 2004  Street Address (P.O. Box Number is Not Acceptable)  DATE  Address (P.O. Box Number is Not Acceptable)  DATE  Address (P.O. Box Number is Not Acceptable)  DATE  Zip Code  The Address (P.O. Box Number is Not Acceptable)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 10  Change In Acceptable (P.O. Box Number is Not Acceptable)  Address (P.O. Box Num	2. Principal Place of Business 3. Ma		Mailing Address						
Special Country   Zip   Country   Zip   Country   Sp. 2145717   Sp. 27,5 Additional	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02102004 Ct	ng-NP	CR2E037 (10/03	))	
S. Certificate of Status Desired   Fee Required   F	City & State		City & State				7		Applied For Not Applicable
Name    Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip ·	Country		5. Certificate of Sta	atus Desired		
Street Address (P.O. Box Nurriber is Not Acceptable)    Street Address (P.O. Box Nurriber is Not Acceptable)	·*	6. Name and Address of Current Re	gistered Agent			7. Name and Add	rees of New F	egistered Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu	WIELT, RON 15,PARK AVE.				Name				
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  SIGNATURE  Filling Fee is \$61.25  Due by May 1, 2004  Printing Pee is \$61.25  Due by May 1, 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  NAME  CHOSIE, GARY  19 VALLEY DR  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  DELEON SPRINGS, FL 32130  TITLE  MAKE  TITLE  TD  CHOSIE, RICHARD W  STREET ADDRESS  CITY-ST-2P  DELEON SPRINGS, FL 32130  TITLE  MAKE  SCHULER, RICHARD W  STREET ADDRESS  CITY-ST-2P  DELEON SPRINGS, FL 32130  TITLE  MAKE  MAKE  STREET ADDRESS  CITY-ST-2P  DELEON SPRINGS, FL 32130  TITLE  MAKE  MAKE  STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  DELEON SPRINGS, FL 32130  Delete  TITLE  MAKE  MIELT, RON  STREET ADDRESS  CITY-ST-2P  DELEON SPRINGS, FL 32130  Delete  TITLE  MAKE  MAKE  STREET ADDRESS  CITY-ST-2P  DELEON SPRINGS, FL 32130  Delete  TITLE  MAKE  MAKE  STREET ADDRESS  CITY-ST-2P  DELEON SPRINGS, FL 32130  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  DELEON SPRINGS, FL 32130  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  DELEON SPRINGS, FL 32130  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  DELEON SPRINGS, FL 32130  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  DELEON SPRINGS, FL 32130  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  DELEON SPRINGS, FL 32130  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  DELEON SPRINGS, FL 32130  D				City		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	FL Zip C	ode
Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  VD CHOSIE, GARY STREET ADDRESS CITY-ST-ZIP DE LEON SPRINGS, FL 32130  TITLE SD MAKE MCWILLIAMS, DORIS A49 E. BERLIN STREET DELEON SPRINGS, FL 32130  TITLE TITLE TITLE TITLE SCHULER, RICHARD W STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE						
TITLE   VD   Delete   TITLE   CHOSIE, GARY   MAME   STREET ADDRESS   DE LEON SPRINGS, FL 32130   CITY-ST-ZIP   DELEON SPRINGS, FL 32130   CITY-ST-ZIP   Change   Additional content of the		FIII F 1- \$04.0F					-	· · · · · · · · · · · · · · · · · · ·	1 to
NAME STREET ADDRESS CITY-ST-ZIP DE LEON SPRINGS, FL 32130 CITY-ST-ZIP TITLE SD MAME MCWILLIAMS, DORIS STREET ADDRESS CITY-ST-ZIP TITLE TD TITLE TD TITLE TD TITLE SCHULER, RICHARD W STREET ADDRESS CITY-ST-ZIP SCHULER, RICHARD W STREET ADDRESS CITY-ST-ZIP TITLE SCHULER, RICHARD W STREET ADDRESS CITY-ST-ZIP TITLE PD MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET AD			9. Election Can	npaign Financin	g _	\$5.00 May Be		lake check payable	
MAME STREET ADDRESS CITY-ST-ZIP DELEON SPRINGS, FL 32130  TITLE TD SCHULER, RICHARD W STREET ADDRESS CITY-ST-ZIP DELEON SPRINGS, FL 32130  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE PD WIELT, RON STREET ADDRESS CITY-ST-ZIP DELEON SPRINGS, FL 32130  TITLE NAME STREET ADDRESS CITY-ST-ZIP DELEON SPRINGS, FL 32130  TITLE NAME STREET ADDRESS CITY-ST-ZIP DELEON SPRINGS, FL 32130  TITLE NAME STREET ADDRESS CITY-ST-ZIP DELEON SPRINGS, FL 32130  TITLE NAME STREET ADDRESS CITY-ST-ZIP DELEON SPRINGS, FL 32130  TITLE NAME STREET ADDRESS	<del></del>	Due by May 1, 2004 OFFICERS AND DIRECT	9. Election Can Trust Fund C	npaign Financin contribution.	g D	\$5.00 May Be Added to Fees	Flo	lake check payable ida Department of	State IN 10
NAME SCHULER, RICHARD W STREET ADDRESS CITY-ST-ZIP DELEON SPRINGS, FL 32130 CITY-ST-ZIP  TITLE PD WIELT, RON Delste MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME WIELT, RON STREET ADDRESS CITY-ST-ZIP  TITLE DE LEON SPRINGS, FL 32130 CITY-ST-ZIP  TITLE DE LEON SPRINGS, FL 32130 CITY-ST-ZIP  TITLE DE LEON SPRINGS, FL 32130 STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT VD CHOSIE, GARY 19 VALLEY DR	9. Election Can Trust Fund C	npaign Financing contribution.  11.  TITLE NAME STREET ADDRES	g D	\$5.00 May Be Added to Fees	Flo	lake check payable ida Department of	State IN 10
TITLE NAME VIELT, RON STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT	9. Election Cam Trust Fund C CTORS	npaign Financinicontribution.  11.  TITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME STREET ADDRES STREET ADDRES	g D	\$5.00 May Be Added to Fees	Flo	lake check payable ida Department of RS AND DIRECTORS	State IN 10 pe
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRECT VD CHOSIE, GARY 19 VALLEY DR DE LEON SPRINGS, FL 32130 SD MCWILLIAMS, DORIS 449 E. BERLIN STREET DELEON SPRINGS, FL 32130 TD SCHULER, RICHARD W	9. Election Carr Trust Fund C  CTORS  Delete	TILE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME NAME	g D	\$5.00 May Be Added to Fees	Flo	lake check payable ida Department of RS AND DIRECTORS Chang	State IN 10 p
NAME STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND DIRECT OFFICERS OFFIC	9. Election Carr Trust Fund C  CTORS  Delete	TILE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	g D	\$5.00 May Be Added to Fees	Flo	lake check payable ida Department of RS AND DIRECTORS Chang	State IN 10 p
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND DIRECT OFFICERS AND DIRECT O	9. Election Cam Trust Fund C  CTORS  Delete  Delete	TILE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES STREET ADDRES	g D	\$5.00 May Be Added to Fees	Flo	lake check payable ida Department of RS AND DIRECTORS Chang	State IN 10 P
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT OFFICERS AND DIRECT O	9. Election Cam Trust Fund C  CTORS  Delete  Delete  Delete	TILE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	SS SS SS	\$5.00 May Be Added to Fees	Flo	lake check payable ida Department of  RS AND DIRECTORS  Chang	State  IN 10  E Addition  Addition  Addition  Addition

inducated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.