2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005
Secretary of State

DOCUMENT# 704841

Entity Name: DELEON SPRINGS LIONS CLUB, INC.

Current Principal Place of Business:

4949 BILLINGS AVE
P.O. BOX 501
DE LEON SPRINGS, FL 32130

New Principal Place of Business:

Current Mailing Address:

4949 BILLINGS AVE
P.O. BOX 501
DE LEON SPRINGS, FL 32130

New Mailing Address:

FEI Number: 59-2145717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WIELT, RON
15 PARK AVE.
DE LEON SPRINGS, FL 32130 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: CHOSIE, GARY
Address: 19 VALLEY DR
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: SD ( ) Delete
Name: MCWILLIAMS, DORIS
Address: 449 E. BERLIN STREET
City-St-Zip: DELEON SPRINGS, FL 32130

Title: TD ( ) Delete
Name: SCHULER, RICHARD W
Address: 808 PARK AVE
City-St-Zip: DELEON SPRINGS, FL 32130

Title: PD ( ) Delete
Name: WIELT, RON
Address: 15 PARK AVE.
City-St-Zip: DE LEON SPRINGS, FL 32130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: JOHSON, JESSIE
Address: 371 E. RETTA ST.
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD W. SCHULER TD 07/29/2005
Electronic Signature of Signing Officer or Director — Date