

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704841

FILED  
May 05, 2007  
Secretary of State

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:**

4949 BILLINGS AVE  
DE LEON SPRINGS, FL 32130

**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:**

BREEZE, MARILYN MRS  
5035 DELEON OAKS CT.  
DE LEON SPRINGS, FL 32130    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: MARILYN BREEZE

05/05/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D                (X) Change ( ) Addition  
Name: WIELT, RON  
Address: 15 PARK AVE.  
City-St-Zip: DE LEON SPRINGS, FL 32130

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

05/05/2007

Electronic Signature of Signing Officer or Director

Date