


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90437 009 \*\*\*\*61.25

<b>DOCUMENT # 707315</b>					
1. Entity Name LIONS CLUB OF LAKELAND, FLORIDA, INC.					
Principal Place of Business 4723 HIGHLANDS PLACE DR LAKELAND, FL 33813 US			Mailing Address P O BOX 1807 P.O. BOX 1807 LAKELAND, FL 33802 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LIVINGSTON, ROBERT 917 WOODMONT LANE LAKELAND, FL 33813				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				Zip Code <b>FL</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	P	Delete <input checked="" type="checkbox"/>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
NAME	LIVINGSTON, ROBERT			TITLE	<i>P</i>
STREET ADDRESS	917 WOODMONT LN			NAME	<i>Matteson, Millie</i>
CITY-ST-ZIP	LAKELAND, FL 33813			STREET ADDRESS	<i>2614 Sunshine Dr.</i>
TITLE	S	Delete <input type="checkbox"/>		CITY-ST-ZIP	<i>LAKELAND, FL 33801</i>
NAME	SCOTT, CHERYL			TITLE	<i>S</i>
STREET ADDRESS	3125 HENDERSON CIR W			NAME	<i>Scott, Cheryl</i>
CITY-ST-ZIP	LAKELAND, FL 33803			STREET ADDRESS	<i>3125 Henderson Cir. W.</i>
TITLE	D	Delete <input type="checkbox"/>		CITY-ST-ZIP	<i>LAKELAND, FL 33803</i>
NAME	PATEL, C N			TITLE	
STREET ADDRESS	4723 HIGHLANDS PLACE DR			NAME	
CITY-ST-ZIP	LAKELAND, FL 33813			STREET ADDRESS	
TITLE	D	Delete <input checked="" type="checkbox"/>		CITY-ST-ZIP	
NAME	RAINEY, FRANK			TITLE	<i>D</i>
STREET ADDRESS	4344 WINDING OAKS CIRCLE			NAME	<i>Carlton, Geri</i>
CITY-ST-ZIP	MULBERRY, FL 33860			STREET ADDRESS	<i>9280 Hall Road</i>
TITLE	D	Delete <input type="checkbox"/>		CITY-ST-ZIP	<i>LAKELAND, FL 33809</i>
NAME	WORTMAN, JOE			TITLE	<i>D</i>
STREET ADDRESS	5063 WINDOVER LN			NAME	<i>Wortman, Joe</i>
CITY-ST-ZIP	LAKELAND, FL 33813			STREET ADDRESS	<i>5063 Windover Ln</i>
TITLE	T	Delete <input type="checkbox"/>		CITY-ST-ZIP	<i>LAKELAND, FL 33813</i>
NAME	GELISSEN, JANICE			TITLE	
STREET ADDRESS	825 ROCKINGHAM RD			NAME	<i>Gelissen, Janice</i>
CITY-ST-ZIP	LAKELAND, FL 33811			STREET ADDRESS	<i>825 Rockingham Rd</i>
CITY-ST-ZIP	LAKELAND, FL 33811			CITY-ST-ZIP	<i>LAKELAND, FL 33811</i>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

40060510



04072006 Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**FL** Zip Code

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	P	Delete <input checked="" type="checkbox"/>
NAME	LIVINGSTON, ROBERT	
STREET ADDRESS	917 WOODMONT LN	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	S	Delete <input type="checkbox"/>
NAME	SCOTT, CHERYL	
STREET ADDRESS	3125 HENDERSON CIR W	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	D	Delete <input type="checkbox"/>
NAME	PATEL, C N	
STREET ADDRESS	4723 HIGHLANDS PLACE DR	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	D	Delete <input checked="" type="checkbox"/>
NAME	RAINEY, FRANK	
STREET ADDRESS	4344 WINDING OAKS CIRCLE	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	D	Delete <input type="checkbox"/>
NAME	WORTMAN, JOE	
STREET ADDRESS	5063 WINDOVER LN	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	T	Delete <input type="checkbox"/>
NAME	GELISSEN, JANICE	
STREET ADDRESS	825 ROCKINGHAM RD	
CITY-ST-ZIP	LAKELAND, FL 33811	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<i>P</i>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	<i>Matteson, Millie</i>	
STREET ADDRESS	<i>2614 Sunshine Dr.</i>	
CITY-ST-ZIP	<i>LAKELAND, FL 33801</i>	
TITLE	<i>S</i>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<i>Scott, Cheryl</i>	
STREET ADDRESS	<i>3125 Henderson Cir. W.</i>	
CITY-ST-ZIP	<i>LAKELAND, FL 33803</i>	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>D</i>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	<i>Carlton, Geri</i>	
STREET ADDRESS	<i>9280 Hall Road</i>	
CITY-ST-ZIP	<i>LAKELAND, FL 33809</i>	
TITLE	<i>D</i>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<i>Wortman, Joe</i>	
STREET ADDRESS	<i>5063 Windover Ln</i>	
CITY-ST-ZIP	<i>LAKELAND, FL 33813</i>	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<i>Gelissen, Janice</i>	
STREET ADDRESS	<i>825 Rockingham Rd</i>	
CITY-ST-ZIP	<i>LAKELAND, FL 33811</i>	