


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90065 034 ****61.25

DOCUMENT # 707315

1. Entity Name
Lions Club of Lakeland, Florida Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
917 Woodmont Lane

3. Mailing Address
P.O. Box 1807

Suite, Apt. #, etc.

40062091 ✓

CR2E037B (8/05)

City & State
Lakeland, FL

City & State
Lakeland, FL

Zip
33813 Country
USA

Zip
33802 Country
USA

4. FEI Number Applied For Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Robert Livingston

Street Address (P.O. Box Number is Not Acceptable)

917 Woodmont Lane

City Lakeland FL Zip Code 33813

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 Robert Livingston, Robert Livingston 4/5/07

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended AR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President Robert Livingston 917 Woodmont Ln Lakeland, FL 33813</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary Cheryl Scott 3125 Henderson Cir. W. Lakeland, FL 33803</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director CN Patel 1120 Hamilton Place Dr. Lakeland, FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director Frank Rainey 4344 Winding Oaks Circle Mulberry, FL 33800</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director Joe Wortman 5063 Windover Ln Lakeland, FL 33813</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer Sonia Belissen 825 Rockingham Rd Lakeland, FL 33811</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 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 on an attachment with an address, with another like empowered.

SIGNATURE: Robert Livingston 4/5/07 Robert Livingston 8636464352