


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90045 017 ****61.25

DOCUMENT # 707315
 1. Entity Name
LIONS CLUB OF LAKELAND, FLORIDA, INC.



Principal Place of Business
**917 WOODMONT LN
 LAKELAND, FL 33813 US**

Mailing Address
**P O BOX 1807
 LAKELAND, FL 33802 US**

90000000



2. Principal Place of Business - No P.O. Box #
3125 Henderson Cir. W.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03062008 Chg-NP CR2E037 (12/06)

City & State
Lakeland, FL

City & State
 City & State

Zip
33803 Country
USA

Zip Country

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LIVINGSTON, ROBERT
 917 WOODMONT LANE
 LAKELAND, FL 33813**

7. Name and Address of New Registered Agent
 Name
Cheryl H. Scott
 Street Address (P.O. Box Number is Not Acceptable)
3125 Henderson Cir. W.
 City
Lakeland FL Zip Code
33803

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 **Cheryl H. Scott** **Cheryl H. Scott** **4-3-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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	P LIVINGSTON, ROBERT 917 WOODMONT LN LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, CHERYL 3125 HENDERSON CIR W LAKELAND, FL 33803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, C N 730 HAMILTON PLACE DR. LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAINEY, FRANK 4344 WINDING OAKS CIRCLE MULBERRY, FL 33860 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTMAN, JOE 5063 WINDOVER LN LAKELAND, FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GELISSEN, JANICE 825 ROCKINGHAM RD LAKELAND, FL 33811 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mary Palmer 2401 Circle Dr. Lakeland, FL 33803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Livingston 917 Woodmont Lane Lakeland, FL 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Geraldine Cariton 9230 Hall Rd. Lakeland, FL 33809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **Cheryl H. Scott** **Cheryl H. Scott** **4-3-08** **863-559-0536**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #