

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707315

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: LIONS CLUB OF LAKELAND, FLORIDA, INC.

**Current Principal Place of Business:**

3125 HENDERSON CIR W  
LAKELAND, FL 33803 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1807  
LAKELAND, FL 33802 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCOTT, CHERYL H  
3125 HENDERSON CIR W  
LAKELAND, FL 33803 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: P ( ) Delete  
Name: PALMER, MARY  
Address: 2401 CIRCLE DR  
City-St-Zip: LAKELAND, FL 33803

Title: S ( ) Delete  
Name: SCOTT, CHERYL  
Address: 3125 HENDERSON CIR W  
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete  
Name: LIVINGSTON, ROBERT  
Address: 917 WOODMONT LANE  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete  
Name: CARLTON, GEDRALYNE  
Address: 9230 HALL RD  
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete  
Name: WORTMAN, JOE  
Address: 5063 WINDOVER LN  
City-St-Zip: LAKELAND, FL 33813

Title: T ( ) Delete  
Name: GELISSEN, JANICE  
Address: 825 ROCKINGHAM RD  
City-St-Zip: LAKELAND, FL 33811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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: CHERYL H. SCOTT

S

03/05/2009

Electronic Signature of Signing Officer or Director

Date