

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 14, 2004  
Secretary of State**

DOCUMENT# N95000003577

Entity Name: NEWBERRY LIONS CLUB, INC.

**Current Principal Place of Business:**

25355 WEST NEWBERRY RD.  
NEWBERRY, FL 32669 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1439  
NEWBERRY, FL 32669

**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:**

RESPESS, ROBERT D.  
25355 WEST NEWBERRY RD.  
NEWBERRY, FL 32669 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: D                      ( ) Delete  
Name: DAVIS, DON  
Address: 150 SW FAIRWAY DR  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D                      ( ) Delete  
Name: ROGERS, JIMMY  
Address: 25446 SW 5TH AVE  
City-St-Zip: NEWBERRY, FL 32669

Title: D                      ( ) Delete  
Name: ELLIOT, GENE  
Address: 25333 SW 16 AVE  
City-St-Zip: NEWBERRY, FL 32669

Title: ST                      ( ) Delete  
Name: RESPESS, ROBERT D  
Address: 25355 W. NEWBERRY RD  
City-St-Zip: NEWBERRY, FL 32669

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT D. RESPESS

ST

07/14/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date