


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000003577

1. Entity Name
NEWBERRY LIONS CLUB, INC.



Principal Place of Business Mailing Address

25355 WEST NEWBERRY RD. PO BOX 1439
 NEWBERRY, FL 32669 US NEWBERRY, FL 32669



04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent

RESPESS, ROBERT D.
25355 WEST NEWBERRY RD.
NEWBERRY, FL 32669

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, DON
STREET ADDRESS	150 SW FAIRWAY DR
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	D
NAME	ROGERS, JIMMY
STREET ADDRESS	25446 SW 5TH AVE
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	D
NAME	ELLIOT, GENE
STREET ADDRESS	25333 SW 16 AVE
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	ST
NAME	RESPESS, ROBERT D
STREET ADDRESS	25355 W. NEWBERRY RD
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/03/05-80141-019 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert D Respass* Robert D Respass 4/28/05 (352) 472-5434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #