

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003577

FILED
Apr 03, 2006
Secretary of State

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: 20-3572811

FEI Number Applied For ()

FEI Number Not Applicable ()

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 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: ROBERT D. RESPESS

ST

04/03/2006

Electronic Signature of Signing Officer or Director

Date