


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State


DOCUMENT # N95000003577

1. Entity Name
 NEWBERRY LIONS CLUB, INC.



Principal Place of Business 25355 WEST NEWBERRY RD. NEWBERRY, FL 32669 US	Mailing Address PO BOX 1439 NEWBERRY, FL 32669
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DO NOT WRITE IN THIS SPACE



04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3572811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTWELL, DAVID 25722 S.W. 18TH AVE NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAVELY, BETTY 716 S.W. 218TH NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOT, GENE 25333 SW 16 AVE NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RESPESS, ROBERT D 25355 W. NEWBERRY RD NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKWELL, DOROTHY 15715 S.W. 59 AVE ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKWELL, ANDY 15715 S.W. 59 AVE ARCHER, FL 32618

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 05/18/08-80023-010 61.25

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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:  Robert D. Respass 4/24/08 (352) 472-5434

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