

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003577

FILED  
Apr 28, 2009  
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: P ( ) Delete  
Name: HARTWELL, DAVID  
Address: 25722 S.W. 18TH AVE  
City-St-Zip: NEWBERRY, FL 32669

Title: VP ( ) Delete  
Name: GRAVELY, BETTY  
Address: 716 S.W. 218TH  
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

Title: D ( ) Delete  
Name: BLACKWELL, DOROTHY  
Address: 15715 S.W. 59 AVE  
City-St-Zip: ARCHER, FL 32618

Title: D ( ) Delete  
Name: BLACKWELL, ANDY  
Address: 15715 S.W. 59 AVE  
City-St-Zip: ARCHER, FL 32618

**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: ROBERT D RESPESS

ST

04/28/2009

Electronic Signature of Signing Officer or Director

Date