

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003577

FILED
Apr 28, 2010
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
Name: FORTSON, MINDIE
Address: PO BOX 1898
City-St-Zip: HIGH SPRINGS, FL 32655

Title: VP
Name: DAVIS, DON L
Address: 3509 NW 53RD TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: VP
Name: RICE, JUDY
Address: 26240 SW 4TH AVENUE
City-St-Zip: NEWBERRY, FL 32669

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

Title: D
Name: ELLIOTT, GENE
Address: 25333 SW 16TH AVENUE
City-St-Zip: NEWBERRY, FL 32669

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT D RESPESS

ST

04/28/2010

Electronic Signature of Signing Officer or Director

Date