

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003577

**FILED**  
**Apr 28, 2011**  
**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

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date