

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90198 048 ****61.25

DOCUMENT # 719618

1. Entity Name

SEBRING LIONS CLUB, INC.



Principal Place of Business

3400 SEBRING PARKWAY
SEBRING FL 33870

Mailing Address

3400 SEBRING PARKWAY
SEBRING FL 33870



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1828602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAHN, A J
422 LIME STREET
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name TEDSTONE ROBERT B

Street Address (P.O. Box Number is Not Acceptable)
1561-943 LAKEVIEW DR

City SEBRING

FL

Zip Code
33870

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

ROBERT B TEDSTONE Robert B Tedstone

5-1-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME SMITH, WALTER
STREET ADDRESS 144 PEARL RD
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE ☐ Delete
NAME V
ISLY, EUNICE
STREET ADDRESS 2029 ARB CREEK RD #14
CITY-ST-ZIP SEBRING FL 33870

TITLE ☒ Delete
NAME T
KAHN, A J
STREET ADDRESS 422 LIME STREET
CITY-ST-ZIP SEBRING FL 33870

TITLE ☒ Delete
NAME S
KAHN, LAVONNE
STREET ADDRESS 8655 LAKEVIEW DR B104
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ Delete
NAME D
SMITH, NORMAN
STREET ADDRESS 2910 GROUPER AVE
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME T
TEDSTONE ROBERT B
STREET ADDRESS 1561-943 LAKEVIEW DR
CITY-ST-ZIP SEBRING FL 33870

TITLE ☒ Change ☒ Addition
NAME S
Duffy DIANNE
STREET ADDRESS 3113 GOULD AV
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

SIGNATURE:

ROBERT B TEDSTONE Robert B Tedstone

5-1-08

83-382-6614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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