2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# 719618

Entity Name: SEBRING LIONS CLUB, INC.

Current Principal Place of Business:

3400 SEBRING PARKWAY
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

3400 SEBRING PARKWAY
SEBRING, FL 33870

New Mailing Address:

FEI Number: 59-1828602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TEDSTONE, ROBERT B
1561-943 LAKEVIEW DR
SEBRING, FL 33870 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:	SMITH, WALTER	
Address:	144 PEARL RD	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	V	( ) Delete
Name:	ISLY, EUNICE	
Address:	2029 ARB CREEK RD #14	
City-St-Zip:	SEBRING, FL 33870	
Title:	T	( ) Delete
Name:	TEDSTONE, ROBERT B	
Address:	1561-943 LAKEVIEW DR	
City-St-Zip:	SEBRING, FL 33870	
Title:	S	( ) Delete
Name:	DORY, DIANNE	
Address:	3113 GOULD AVE	
City-St-Zip:	SEBRING, FL 33870	
Title:	D	( ) Delete
Name:	SMITH, NORMAN	
Address:	2910 GROUPER AVE	
City-St-Zip:	SEBRING, FL 33870	

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:	

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 B. TEDSTONE T 01/09/2009
Electronic Signature of Signing Officer or Director — Date