2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004253

Entity Name: BRANDON LIONS CLUB INC.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 610 LIMONA RD. BRANDON, FL 33510 US **Current Mailing Address: New Mailing Address:** 3821 CLIFFDALE DR VALRICO, FL 33594 FEI Number: 65-0472390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DONAHUE, KENNETH R 3821 CLIFFDALE DR VALRICO, FL 33594 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete NIXON, BOB Name: Name: Address: 808 OVERHILL DR Address: City-St-Zip: BRANDON, FL 33511 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: KUEBLER, JOSEPH Name: Address: 505 BRANTWOOD CT. Address: City-St-Zip: VALRICO, FL 33594 US City-St-Zip: Title: Title: () Change () Addition () Delete HURLEY, BO Name: Name: 6211 BRANDON CR. Address: Address: City-St-Zip: RIVERVIEW, FL 33569 US City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: MOLEN, BRUCE Name: Address: 110 BESSEMER CIR. Address: City-St-Zip: BRANDON, FL 33511 US City-St-Zip: Title: () Delete Title: () Change (X) Addition DONAHUE, KEN Name: Name: 3821 CLIFFDALE DR Address: Address: City-St-Zip: City-St-Zip: VALRICO, FL

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: JOSEPH KUEBLER DT 04/13/2009