

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90003 040 \*\*\*\*61.25

**DOCUMENT # 704841**

1. Entity Name

DELEON SPRINGS LIONS CLUB, INC.



Principal Place of Business

4949 BILLINGS AVE  
P.O. BOX 501  
DE LEON SPRINGS FL 32130

Mailing Address

4949 BILLINGS AVE  
P.O. BOX 501  
DE LEON SPRINGS FL 32130

JUN 02 2006



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2145717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIELT, RON  
15 PARK AVE.  
DE LEON SPRINGS FL 32130

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

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 VD ☒ Delete  
NAME JOHSON, JESSIE  
STREET ADDRESS 371 E. RETTA ST.  
CITY-ST-ZIP DE LEON SPRINGS FL 32130

TITLE SD ☐ Delete  
NAME MCWILLIAMS, DORIS  
STREET ADDRESS 449 E. BERLIN STREET  
CITY-ST-ZIP DELEON SPRINGS FL 32130

TITLE TD ☐ Delete  
NAME SCHULER, RICHARD W  
STREET ADDRESS 808 PARK AVE  
CITY-ST-ZIP DELEON SPRINGS FL 32130

TITLE PD ☐ Delete  
NAME WIELT, RON  
STREET ADDRESS 15 PARK AVE.  
CITY-ST-ZIP DE LEON SPRINGS FL 32130

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 empowered.

SIGNATURE:

*Richard W. Schuler*

5/26/06