2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704841

FILED Apr 21, 2009 Secretary of State

Entity Name: DELEON SPRINGS LIONS CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** 4949 BILLINGS AVE DE LEON SPRINGS, FL 32130 **Current Mailing Address: New Mailing Address:** 4949 BILLINGS AVE P.O. BOX 501 DE LEON SPRINGS, FL 32130 FEI Number: 59-2145717 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: BREEZE, MARILYN MRS SCHULER, RICHARD W MR 5035 DELEON OAKS CT. 808 PARK AVE DE LEON SPRINGS, FL 32130 DE LEON SPRINGS, FL 32130 US 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: RICHARD W. SCHULER 04/21/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCWILLIAMS, DORIS Name: Name: 449 E. BERLIN STREET Address: Address: City-St-Zip: DELEON SPRINGS, FL 32130 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition Name: SCHULER, RICHARD W Name: BREEZE, MARILYN MRS Address: 808 PARK AVE Address: 5035 DELEON OAKS CT. City-St-Zip: DELEON SPRINGS, FL 32130 City-St-Zip: DELEON SPRINGS, FL 32130 () Delete Title: Title: () Change () Addition WIELT, RON Name: Name: Address: 15 PARK AVE. Address: City-St-Zip: DE LEON SPRINGS, FL 32130 City-St-Zip: Title: () Delete Title: PD () Change (X) Addition Name: Name: SCHULER, RICHARD W MR. Address: Address: 808 PARK AVE. City-St-Zip: City-St-Zip: DELEON SPRINGS, FL 32130

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: RICHARD W. SCHULER PD 04/21/2009