


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90012 030 \*\*\*\*61.25

**DOCUMENT # 705154**  
 1. Entity Name  
**PIERSON LIONS CLUB, INC.**



Principal Place of Business      Mailing Address  
**143 W. 1ST AVE**      **P.O. BOX 525**  
**PIERSON, FL 32180 US**      **PIERSON, FL 32180 US**

66001200



01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-6170073**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
~~BEASLEY, KEVIN~~ **Robert E. Stone**  
~~421 BEASLEY LN~~ **P.O. Box 215**  
~~PIERSON, FL 32180~~ **Pierson, FL 32180**  
**807 S. Co. Rd. 3**

**DO NOT WRITE IN THIS SPACE**

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 E. Stone* Robert E. Stone      1-6-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S	BEASLEY, KEVIN	Douglas Peterson
NAME			
STREET ADDRESS		421 BEASLEY LN	385 Western Ave.
CITY-ST-ZIP		PIERSON, FL 32180	Pierson, FL 32180
TITLE	D	DIXON, LAMAR	
NAME			
STREET ADDRESS		272 W WASHINGTON AVE	
CITY-ST-ZIP		SEVILLE, FL 32190	
TITLE	T	BRADDOCK, JAMES	
NAME			
STREET ADDRESS		678 VANNOTE RD.	
CITY-ST-ZIP		PIERSON, FL 32180	
TITLE	D	CARTER, BILLY	
NAME			
STREET ADDRESS		235 TURNER ROAD	
CITY-ST-ZIP		PIERSON, FL 32180	
TITLE	D	STONE, ROBERT	
NAME			
STREET ADDRESS		807 S. CR 3	
CITY-ST-ZIP		PIERSON, FL 32180	
TITLE	P	HARRIS, RICHARD	Eddie Braddock
NAME			
STREET ADDRESS		202 S. CENTER ST.	5225 Myakka Rd.
CITY-ST-ZIP		PIERSON, FL 32180	DeLeon Springs, FL 32130

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Robert E. Stone* Robert E. Stone      1-6-05      386-749-2227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #