

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 19, 2006  
Secretary of State**

DOCUMENT# 705154

Entity Name: PIERSON LIONS CLUB, INC.

**Current Principal Place of Business:**

143 W. 1ST AVE  
PIERSON, FL 32180 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 525  
PIERSON, FL 32180 US

**New Mailing Address:**

FEI Number: 59-6170073      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STONE, ROBERT E  
807 SOUTH COUNTY ROAD #3  
P.O. BOX 215  
PIERSON, FL 32180 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: S      ( ) Delete  
Name: PETERSON, DOUGLAS  
Address: 325 WESTERN AVENUE  
City-St-Zip: PIERSON, FL 32180

Title: T      ( ) Delete  
Name: DIXON, LAMAR  
Address: 272 W WASHINGTON AVE  
City-St-Zip: SEVILLE, FL 32190

Title: T      ( ) Delete  
Name: BRADDOCK, JAMES  
Address: 678 VANNOTE RD.  
City-St-Zip: PIERSON, FL 32180

Title: D      ( ) Delete  
Name: CARTER, BILLY  
Address: 235 TURNER ROAD  
City-St-Zip: PIERSON, FL 32180

Title: T      ( ) Delete  
Name: STONE, ROBERT  
Address: 807 S. CR 3  
City-St-Zip: PIERSON, FL 32180

Title: P      ( ) Delete  
Name: BRADDOCK, EDDIE  
Address: 5225 MYAKKA ROAD  
City-St-Zip: DE LEON SPRINGS, FL 32130

**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:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 STONE

T

01/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date