


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 05, 2007 8:00 am
Secretary of State

02-13-2007 90045 042 ****61.25

DOCUMENT # 705154			
1. Entity Name PIERSON LIONS CLUB, INC.			
Principal Place of Business 143 W. 1ST AVE PIERSON FL 32180 US		Mailing Address P.O. BOX 525 PIERSON FL 32180 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STONE, ROBERT E 807 SOUTH COUNTY ROAD #3 P.O. BOX 215 PIERSON FL 32180		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when transferring)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	S PETERSON, DOUGLAS 325 WESTERN AVENUE PIERSON FL 32180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Director Peterson, Douglas 325 Western Ave. Pierson, FL 32180 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T DIXON, LAMAR 272 W WASHINGTON AVE SEVILLE FL 32190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Secretary Dixon, Lamar 272 W. Washington Ave. Pierson, FL 32180 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T BRADDOCK, JAMES 678 VANNOTE RD. PIERSON FL 32180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Director Braddock, James 678 Vannote Rd. Pierson, FL 32180 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D CARTER, BILLY 235 TURNER ROAD PIERSON FL 32180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	President Carter, Billy 235 Turner Rd. Pierson, FL 32180 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T STONE, ROBERT 807 S. CR 3 PIERSON FL 32180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Treasurer Stone, Robert 807 S. CR 3 Pierson, FL 32180 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P BRADDOCK, EDDIE 5225 MYAKKA ROAD DE LEON SPRINGS FL 32130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Director Braddock, Eddie 5225 Myakka Rd. DeLeon Springs, FL 32130 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Robert Stone</i>		SIGNATURE: <i>Robert Stone 3-1-07</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	