

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705154

FILED
Jan 04, 2008
Secretary of State

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:

STONE, ROBERT E
807 SOUTH COUNTY RD 3
PIERSON, FL 32180 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: _____ Date: 01/04/2008
Electronic Signature of Registered Agent

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 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 Date: 01/04/2008
Electronic Signature of Signing Officer or Director