
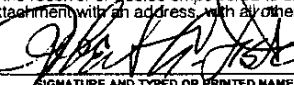


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90123 038 ****61.25

DOCUMENT # 705916 1. Entity Name LIONS CLUB OF ST CLOUD FLORIDA INC					
Principal Place of Business 34 BROWN CHAPEL RD ST. CLOUD, FL 34769 US			Mailing Address 201 VIRGINIA AVENUE ST CLOUD, FL 34769-2435 US		
2. Principal Place of Business		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	
FISS, ROBERT A 201 VIRGINIA AVE. ST. CLOUD, FL 34769-2435				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P HENSCHEN, JOSEPH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4200 HAMILTON CT		NAME		
STREET ADDRESS	SAINT CLOUD, FL 34769		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISS, ROBERT A		NAME		
STREET ADDRESS	201 VIRGINIA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD, FL 34769		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEDGEcock, FRANK		NAME		
STREET ADDRESS	820 FLORIDA AVE		STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD, FL 34769		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIETRICH, HOWARD		NAME		
STREET ADDRESS	4201 HAMILTON COURT		STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD, FL 34769		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YEASEL, HARRY		NAME		
STREET ADDRESS	5450 ALLIGATOR LAKE RD		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34772		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, WILLIAM F		NAME		
STREET ADDRESS	315 FLORIDA AVE		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 any other like empowered.					
SIGNATURE: 			March 22, 2006 407/892-2616		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		