


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 707315	
1. Entity Name LIONS CLUB OF LAKELAND, FLORIDA, INC.	

Principal Place of Business 4723 HIGHLANDS PLACE DR LAKELAND, FL 33813 US	Mailing Address P O BOX 1807 P.O. BOX 1807 LAKELAND, FL 33802 US
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01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LIVINGSTON, ROBERT 917 WOODMONT LANE LAKELAND, FL 33813

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LIVINGSTON, ROBERT 917 WOODMONT LN LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCOTT, CHERYL 3125 HENDERSON CIR W LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, C N 4723 HIGHLANDS PLACE DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAINEY, FRANK 4344 WINDING OAKS CIRCLE MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WORTMAN, JOE 5063 WINDOVER LN LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GELISSEN, JANICE 825 ROCKINGHAM RD LAKELAND, FL 33811

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U000000269895
03/19/05-80030-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Janice Gelissen</u> - Treasurer 3-10-05 8152661 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date _____ Daytime Phone # _____