


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90437 009 ****61.25

DOCUMENT # 707315 1. Entity Name LIONS CLUB OF LAKE LAND, FLORIDA, INC.																																																																																																																																																					
Principal Place of Business 4723 HIGHLANDS PLACE DR LAKE LAND, FL 33813 US			Mailing Address P O BOX 1807 P.O. BOX 1807 LAKE LAND, FL 33802 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																																																																																																																																																	
LIVINGSTON, ROBERT 917 WOODMONT LANE LAKE LAND, FL 33813				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) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																					
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																																																																																																																																																					
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LIVINGSTON, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>917 WOODMONT LN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE LAND, FL 33813</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCOTT, CHERYL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3125 HENDERSON CIR W</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE LAND, FL 33803</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PATEL, C N</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4723 HIGHLANDS PLACE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE LAND, FL 33813</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RAINEY, FRANK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4344 WINDING OAKS CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MULBERRY, FL 33860</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WORTMAN, JOE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5063 WINDOVER LN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE LAND, FL 33813</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GELISSEN, JANICE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>825 ROCKINGHAM RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE LAND, FL 33811</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Matheson, Millie</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2614 Sunshine Dr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE LAND, FL 33801</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Scott, Cheryl</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3125 Henderson Cir. W.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE LAND, FL 33803</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Carlton, Geri</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9280 Hall Road</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE LAND, FL 33809</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Wortman, Joe</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5063 Windover Ln</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE LAND, FL 33813</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Gelissen, Janice</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>825 Rockingham Rd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE LAND, FL 33811</td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	LIVINGSTON, ROBERT		STREET ADDRESS	917 WOODMONT LN		CITY-ST-ZIP	LAKE LAND, FL 33813		TITLE	S	<input type="checkbox"/> Delete	NAME	SCOTT, CHERYL		STREET ADDRESS	3125 HENDERSON CIR W		CITY-ST-ZIP	LAKE LAND, FL 33803		TITLE	D	<input type="checkbox"/> Delete	NAME	PATEL, C N		STREET ADDRESS	4723 HIGHLANDS PLACE DR		CITY-ST-ZIP	LAKE LAND, FL 33813		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	RAINEY, FRANK		STREET ADDRESS	4344 WINDING OAKS CIRCLE		CITY-ST-ZIP	MULBERRY, FL 33860		TITLE	D	<input type="checkbox"/> Delete	NAME	WORTMAN, JOE		STREET ADDRESS	5063 WINDOVER LN		CITY-ST-ZIP	LAKE LAND, FL 33813		TITLE	T	<input type="checkbox"/> Delete	NAME	GELISSEN, JANICE		STREET ADDRESS	825 ROCKINGHAM RD		CITY-ST-ZIP	LAKE LAND, FL 33811		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Matheson, Millie		STREET ADDRESS	2614 Sunshine Dr.		CITY-ST-ZIP	LAKE LAND, FL 33801		TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Scott, Cheryl		STREET ADDRESS	3125 Henderson Cir. W.		CITY-ST-ZIP	LAKE LAND, FL 33803		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Carlton, Geri		STREET ADDRESS	9280 Hall Road		CITY-ST-ZIP	LAKE LAND, FL 33809		TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Wortman, Joe		STREET ADDRESS	5063 Windover Ln		CITY-ST-ZIP	LAKE LAND, FL 33813		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Gelissen, Janice		STREET ADDRESS	825 Rockingham Rd		CITY-ST-ZIP	LAKE LAND, FL 33811	
TITLE	P	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	LIVINGSTON, ROBERT																																																																																																																																																				
STREET ADDRESS	917 WOODMONT LN																																																																																																																																																				
CITY-ST-ZIP	LAKE LAND, FL 33813																																																																																																																																																				
TITLE	S	<input type="checkbox"/> Delete																																																																																																																																																			
NAME	SCOTT, CHERYL																																																																																																																																																				
STREET ADDRESS	3125 HENDERSON CIR W																																																																																																																																																				
CITY-ST-ZIP	LAKE LAND, FL 33803																																																																																																																																																				
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																																			
NAME	PATEL, C N																																																																																																																																																				
STREET ADDRESS	4723 HIGHLANDS PLACE DR																																																																																																																																																				
CITY-ST-ZIP	LAKE LAND, FL 33813																																																																																																																																																				
TITLE	D	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	RAINEY, FRANK																																																																																																																																																				
STREET ADDRESS	4344 WINDING OAKS CIRCLE																																																																																																																																																				
CITY-ST-ZIP	MULBERRY, FL 33860																																																																																																																																																				
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																																			
NAME	WORTMAN, JOE																																																																																																																																																				
STREET ADDRESS	5063 WINDOVER LN																																																																																																																																																				
CITY-ST-ZIP	LAKE LAND, FL 33813																																																																																																																																																				
TITLE	T	<input type="checkbox"/> Delete																																																																																																																																																			
NAME	GELISSEN, JANICE																																																																																																																																																				
STREET ADDRESS	825 ROCKINGHAM RD																																																																																																																																																				
CITY-ST-ZIP	LAKE LAND, FL 33811																																																																																																																																																				
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME	Matheson, Millie																																																																																																																																																				
STREET ADDRESS	2614 Sunshine Dr.																																																																																																																																																				
CITY-ST-ZIP	LAKE LAND, FL 33801																																																																																																																																																				
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME	Scott, Cheryl																																																																																																																																																				
STREET ADDRESS	3125 Henderson Cir. W.																																																																																																																																																				
CITY-ST-ZIP	LAKE LAND, FL 33803																																																																																																																																																				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME	Carlton, Geri																																																																																																																																																				
STREET ADDRESS	9280 Hall Road																																																																																																																																																				
CITY-ST-ZIP	LAKE LAND, FL 33809																																																																																																																																																				
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME	Wortman, Joe																																																																																																																																																				
STREET ADDRESS	5063 Windover Ln																																																																																																																																																				
CITY-ST-ZIP	LAKE LAND, FL 33813																																																																																																																																																				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME	Gelissen, Janice																																																																																																																																																				
STREET ADDRESS	825 Rockingham Rd																																																																																																																																																				
CITY-ST-ZIP	LAKE LAND, FL 33811																																																																																																																																																				
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 all other like empowered.																																																																																																																																																					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																																					