



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 718299 1. Entity Name SAFETY HARBOR LIONS CLUB, INC.		
Principal Place of Business 1751 HICKORY GATE DR. S. DUNEDIN, FL 34698 US	Mailing Address 1751 HICKORY GATE DR. S. DUNEDIN, FL 34698	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WESTERMANN, GORDON SECR TAR 1751 HICKORY GATE DR. S. DUNEDIN, FL 34698		DO NOT WRITE IN THIS SPACE
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) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BORLAND, ROBIN L 2433 APPALOSSA TRAIL PALM HARBOR, FL 34685	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T WESTERMANN, GORDON 1751 HICKORY GATE DR. S. DUNEDIN, FL 34698	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BREZNAI, JOHN 1901 BAYSHORE CT SAFETY HARBOR, FL 34695	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03 APR 08 7777891732 <small>Date Daytime Phone #</small>



04032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6151386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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04/16/08-80070-013 61.25

**DO NOT WRITE
IN THIS SPACE**