
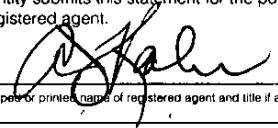
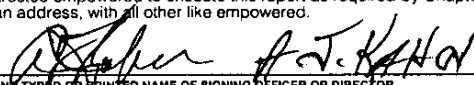


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

06-26-2006 90001 030 \*\*\*\*61.25

<b>DOCUMENT # 719618</b> 1. Entity Name <b>SEBRING LIONS CLUB, INC.</b>					
Principal Place of Business <b>3400 SEBRING PARKWAY SEBRING, FL 33870</b>			Mailing Address <b>3400 SEBRING PARKWAY SEBRING, FL 33870</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1828602</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KAHN, A J 422 LIME STREET SEBRING, FL 33870</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>6-21-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SMITH, NORMAN A 2910 GROUPE AVENUE SEBRING, FL 33870</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. WALTER SMITH 144 PEARL RD NAKE PASSES FL 33870</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VP DOTY, DIANNE 3113 GOULS AVENUE SEBRING, FL 33870</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KAHN, A J 422 LIME STREET SEBRING, FL 33870</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TEDSTONE, ROBERT 943 S.E. LAKEVIEW DR. SEBRING, FL 33870</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LADONNE KAHN PEYDANVIEW DR BLOV SEBRING FL 33870</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MITCHELL, SOPHY M 1423 CRESCENT DRIVE SEBRING, FL 33870</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NORMAN SMITH 2910 GROUPE AV SEBRING FL 33870</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PETERSON, PHILIP 3217 MICHIGAN AVENUE SEBRING, FL 33872</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>			Date <b>6-21-06</b> Daytime Phone # <b>863-382-6599</b>		

**ATTACHMENT**  
Division of Corporations

## Annual Report

40096921

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.

Document Number 719618  
Business Entity Name SEBRING LIONS CLUB, INC.  
FEI Number 591828602  
FEI Number Status  
Certificate of Status Desired No  
Election Campaign Financing Trust Fund Contribution No

**Principal Place of Business**

Address 3400 SEBRING PARKWAY  
Suite, Apt. #, etc.  
City, State SEBRING, FL  
Zip Code & Country 33870

**Mailing Address**

Address 3400 SEBRING PARKWAY  
Suite, Apt. #, etc.  
City, State SEBRING, FL  
Zip Code & Country 33870

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title) KAHN, A , J  
Address 422 LIME STREET  
Suite, Apt. #, etc.  
City, State SEBRING, FL  
Zip Code & Country 33870 US

**Registered Agent Signature****Officer/Director Name and Address**

Title D  
Name (Last, First, Middle, Title) SMITH, NORMAN , A  
Street Address 2910 GROUPE AVENUE  
City, State SEBRING, FL  
Zip Code & Country 33870

Title IVP  
Name (Last, First, Middle, Title) DOTY, DIANNE  
Street Address 3113 GOULDS AVENUE  
City, State SEBRING, FL  
Zip Code & Country 33870

Title T  
Name (Last, First, Middle, Title) KAHN, A , J  
Street Address 422 LIME STREET  
City, State SEBRING, FL  
Zip Code & Country 33870

Title S  
Name (Last, First, Middle, Title) KAHN, LA VONNE  
Street Address 1655 LAKEVIEW DR. B-105  
City, State SEBRING, FL

# Division of Corporations

Page 2 of 2

Zip Code & Country 33870  
Title P  
Name (Last, First, Middle, Title) SMITH, WALTER  
Street Address 144 PEARL RD  
City, State LAKE PLACID, FL  
Zip Code & Country 33852

ATTACHMENT  
40096921  
#719618

Title T  
Officer/Director Signature A. J. KAHN



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Start Over

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