

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90021 006 \*\*\*\*61.25

**DOCUMENT # 721988**

1. Entity Name

SANIBEL-CAPTIVA LIONS CLUB, INC.



Principal Place of Business

P.O. BOX 391  
SANIBEL FL 33957

Mailing Address

P.O. BOX 391  
SANIBEL FL 33957

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7151632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

NACHAZEL, JOHN T  
15248 TAMiami TRAIL  
STE 500  
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MORLEY, JOHN L 604 SEA OATS DR SANIBEL FL 33957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KREKEL, THOMAS 760 NERITA ST SANIBEL FL 33957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD VIMEY, RONALD P 750 NERITA ST SANIBEL FL 33957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD HUGH, CAMERON M 527 E GULF DR SANIBEL FL 33957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GRAHAM, JAMES B 3256 TWIN LAKES LN SANIBEL FL 33957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP JOHNSON, RICHARD 2477 PERIWINKLE WAY SANIBEL FL 33957	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD Haltweg, Gerald E 5297 Umbrella Pool Rd. Sanibel FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD	<input checked="" 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 Section 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:

*H.M. Cameron* H.M. Cameron

1/29/08

239-472-5986