

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721988

FILED
Jan 13, 2009
Secretary of State

Entity Name: SANIBEL-CAPTIVA LIONS CLUB, INC.

Current Principal Place of Business:

P.O. BOX 391
SANIBEL, FL 33957

New Principal Place of Business:

2173 PERIWINKLE WAY
SANIBEL, FL 33957

Current Mailing Address:

P.O. BOX 391
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 23-7151632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KREKEL, THOMAS
Address: 760 NERITA ST
City-St-Zip: SANIBEL, FL 33957

Title: SD () Delete
Name: HALWEG, GERALD E
Address: 5297 UNBRELLA POOL RD
City-St-Zip: SANIBEL, FL 33957

Title: TD () Delete
Name: HUGH, CAMERON M
Address: 527 E GULF DR
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: GRAHAM, JAMES B
Address: 3256 TWIN LAKES LN
City-St-Zip: SANIBEL, FL 33957

Title: PD () Delete
Name: JOHNSON, RICHARD
Address: 2477 PERIWINKLE WAY
City-St-Zip: SANIBEL, FL 33957

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GLISSMAN, HENRY W
Address: 4252 OLD BANYAN WAY
City-St-Zip: SANIBEL, FL 33957

Title: D () Change (X) Addition
Name: ROTHMAN, THOMAS T
Address: 431 RABBIT ROAD
City-St-Zip: SANIBEL, FL 33957

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUGH M CAMERON

TD

01/13/2009

Electronic Signature of Signing Officer or Director

Date