

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90191 043 ****61.25

DOCUMENT # 725219 1. Entity Name SEBRING LIONS CLUB CHARITIES, INC.					
Principal Place of Business 3400 SEBRING PARKWAY SEBRING, FL 33870			Mailing Address 3400 SEBRING PARKWAY SEBRING, FL 33870		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04272004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1828602				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCHANT, BECKY 344 RED PINE DRIVE SEBRING, FL 33871			7. Name and Address of New Registered Agent Name A. J. KAHN Street Address (P.O. Box Number is Not Acceptable) 422 LIME STREET City SEBRING FL Zip Code 33870		
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 A. J. KAHN <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4-28-2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, SOPHY MAE JR 1423 CRESENT DRIVE SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NORMAN A. SMITH 2910 GROUPPER AVE SEBRING, FL 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAHN, AJ BUCKY P.O. BOX 3416 SEBRING, FL 33871	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 VP DIANNE DOTY 3113 GOULD AVE SEBRING, FL 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENRY, SUE 1105 PASASCHEE DRIVE SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER A. J. KAHN 422 LIME ST SEBRING, FL 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARCHANT, BECKY 344 RED PINE DRIVE SEBRING, FL 33871	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ROBERT TEDSTONE 943 S.E. LAKEVIEW DRIVE SEBRING, FL 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANKFORD, HENRY 4710 BASS AVENUE SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SOPHY M. MITCHELL 1423 CRESCENT DRIVE SEBRING, FL 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, PHILIP 3217 MICHIGAN AVENUE SEBRING, FL 33872	<input type="checkbox"/> Delete	(Additional rows for 11 are empty in the image)		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: A. J. KAHN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4-28-2004 863-382-6399 <small>Daytime Phone #</small>		