

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

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90193 035 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1828602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNN, SAM
111 PINETREE LANE
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name: **TEDSTONE, ROBERT B**

Street Address (P.O. Box Number is Not Acceptable):
1561-943 LAKEVIEW DR

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

Robert B Tedstone

5-1-08

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

(NOTE: Registered Agent signature required when re-registering)

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: **P** ☐ Delete
NAME: **SMITH, NORMAN A**
STREET ADDRESS: **2910 GROUPEL AVE.**
CITY-ST-ZIP: **SEBRING FL 33870**

TITLE: **1VP** ☐ Delete
NAME: **ILEY, EUNICE**
STREET ADDRESS: **2029 ARBUCKLE CROOK RD #14**
CITY-ST-ZIP: **SEBRING FL 33870**

TITLE: **T** ☒ Delete
NAME: **DUNN, SAM**
STREET ADDRESS: **111 PINETREE LANE**
CITY-ST-ZIP: **SEBRING FL 33872**

TITLE: **S** ☒ Delete
NAME: **KAHN, LAVONNE**
STREET ADDRESS: **422 LIME ST**
CITY-ST-ZIP: **SEBRING FL 33871**

TITLE: **D** ☐ Delete
NAME: **SMITH, NORMAN**
STREET ADDRESS: **2910 GRASPER DR**
CITY-ST-ZIP: **SEBRING FL 33870**

TITLE: **D** ☒ Delete
NAME: **PETERSON, PHILIP**
STREET ADDRESS: **3217 MICHIGAN AVENUE**
CITY-ST-ZIP: **SEBRING FL 33872**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☒ Change ☒ Addition
NAME: **TEDSTONE, ROBERT B**
STREET ADDRESS: **1561-943 LAKEVIEW DR**
CITY-ST-ZIP: **SEBRING FL 33870**

TITLE: ☒ Change ☒ Addition
NAME: **DOTY, DIANNE**
STREET ADDRESS: **3113 GOULD AV**
CITY-ST-ZIP: **SEBRING FL 33870**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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 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:

Robert B Tedstone

5-1-08

863 382-6614