

**DOCUMENT # 725978**  
1. Entity Name  
**LIONS CLUB OF SPRING HILL, FLORIDA, INC.**

05 JAN -4 PM 3: 06

Principal Place of Business	Mailing Address
247 HALLCREST AVE SPRING HILL, FL 34608-6933 US	PO BOX 3063 SPRING HILL, FL 34606-0961 US

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-6214539	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent		Name	J.
<del>KELLY, MARTHA</del> <del>9286 BENROCK RD</del> <del>SPRING HILL, FL 34608</del>		Street Address	15
			5
		City	

7. Name and Address of New Registered Agent  
 Sylvia Butts  
 (O. Box Number is Not Acceptable)  
 951 Shady Hills Rd.  
 Spring Hill,  
 FL Zip Code 34610

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 J. Steven Breen, President 12/15/04  
Signature, block or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p><b>FILE NOW!!! FEE IS \$61.25</b>  <b>After January 1, 2005, Fee will be \$122.50</b></p>	<p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>	<p><b>Make check payable to</b>  <b>Florida Department of State</b></p>
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10.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURMESTER, GEORGE 1468 NEW HOPE RD SPRING HILL, FL 34606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMLIN, RICHARD 1253 MARKHAM AVENUE SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY, MARTHA 9286 BENROCK RD SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIB, DORIS 8209 OMAHA CIRCLE SPRING HILL, FL 34607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTTS, J. SYLVIA 15951 SHADY HILLS RD SPRING HILL, FL 34610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D Fernandes Belle 16624 Caxapara Pt Spring Hill, FL 34606</del>	<input type="checkbox"/> Delete

11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	P MARGE Romscho		
STREET ADDRESS	8017 JFLoyd Lane		
CITY - ST - ZIP	Spring Hill, FL. 34608		
TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	P Fernandes Belle		
STREET ADDRESS	16624 Caracara Ct.		
CITY - ST - ZIP	Spring Hill, FL. 34610		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	8U00043796758		
STREET ADDRESS	01/03/05--01020--018 **61.25		
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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: J. Lynn Gray, President 12-15-04 8562440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #