2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 11, 2006 08:00 AN Secretary of State **DOCUMENT # 730504** 1. Entity Name HOMOSASSA LIONS CLUB, INC. Principal Place of Business Mailing Address HWY 490 EAST HWY 490 EAST PO BOX 1401 PO BOX 1401 HOMOSASSA SPRINGS FL 34447 HOMOSASSA SPRINGS FL 34447 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 23-7113138 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HELMRICH, ROSEMARY Street Address (P.O. Box Number is Not Acceptable) 5938 N. BEDSTROW BLVD. **BEVERLY HILLS FL 34465** City 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 reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE ☐ Change Addition HIGBEA, JOAN NAME NAME 8396 W. EARL LOOP, APT. 4 STREET ADDRESS STREET ADDRESS City -ST-ZIP HOMOSASSA FL 34446 CITY-ST-ZIP SD TITLE ☐ Delete ☐ Addition GROTHIER, GEORGE NAME NAME 128 DOUGLES ST. STREET ADDRESS STREET ADDRESS HOMOSASSA FL 34446 CITY-ST-ZIP CITY-SI-ZIP SD Change_ TITLE Delete TIME DURLING, ELLEN NAME NAME STREET ADDRESS 3560 SUNCOAST BLVD. STREET ADDRESS HOMOSASSA FL 34448 COV-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition Addition STOLL, WALTER NAME NAME STREET ADDRESS 6551 W. LIBERTY LANE STREET ADDRESS CITY-ST-ZIE HOMOSASSA FL 34448 CITY-ST-ZIP 2VP TITLE ☐ Delete TITLE ☐ Change Addition SUMNER, WENDY MAME MAME 6833 S. JAY LEE PT. STREET ADDRESS STREET ADDRESS HOMOSASSA FL 34446 CITY-ST-20F CITY-ST-ZIP 3VP ☐ Delete TITLE TITLE ☐ Change Addition DUKEMAN, TERRY NAME NAME 7449 TURKEYNECK CT. STREET ADDRESS STREET ADDRESS HOMOSASSA FL 34448 CITY-ST-ZIP CITY-ST-ZIP

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen Durling ELLEN DURLING 2/25/06 352 628 4146

12. I hereby certify that the information supplied with this filling 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