

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90049 023 \*\*\*\*61.25

<b>DOCUMENT # 730504</b> 1. Entity Name <b>HOMOSASSA LIONS CLUB, INC.</b>					
Principal Place of Business <b>HWY 490 EAST</b> <b>PO BOX 1401</b> <b>HOMOSASSA SPRINGS, FL 34447 US</b>			Mailing Address <b>HWY 490 EAST</b> <b>PO BOX 1401</b> <b>HOMOSASSA SPRINGS, FL 34447 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3705 S. Indiana Terr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 1401</b> Suite, Apt. #, etc.			
City & State <b>Homosassa, FL</b>		City & State <b>Homosassa Springs, FL</b>		4. FEI Number <b>23-7113138</b>	
Zip <b>34448</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HELMRICH, ROSEMARY</b> <b>5938 N. BEDSTROW BLVD.</b> <b>BEVERLY HILLS, FL 34465</b>			7. Name and Address of New Registered Agent Name <b>Comeau, Dana</b> Street Address (P.O. Box Number is Not Acceptable) <b>6 Salvia Ct.</b>  City <b>Homosassa, FL</b> Zip Code <b>34446</b>		
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 <b>Dana Comeau</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>April 10, 2008</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGBEA, JOAN 8396 W. EARL LOOP, APT. 4 HOMOSASSA, FL 34446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Durling, Ellen 4110 S. Colony Terr. Homosassa, FL 34446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROTHIER, GEORGE 128 DOUGLES ST. HOMOSASSA, FL 34446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Higgins, Judy 7470 W Rosedale Dr Homosassa, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DURLING, ELLEN 3560 SUNCOAST BLVD. HOMOSASSA, FL 34448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Comeau, Dana 6 Salvia Ct. Homosassa, FL 34446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOLL, WALTER 6551 W. LIBERTY LANE HOMOSASSA, FL 34448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Provost, Wendy 6830 S. Jay Lee Pt. Homosassa, FL 34446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP SUMNER, WENDY 6833 S. JAY LEE PT. HOMOSASSA, FL 34446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP Phillips, Carol 3231 S. Arundel Terr. Homosassa, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP DUKEMAN, TERRY 7449 TURKEYNECK CT. HOMOSASSA, FL 34448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP Sorel, Maurice 4110 S. Colony Terr. Homosassa, FL 34446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>Dana Comeau</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>April 10, 2008</b>	
				Daytime Phone # <b>352-601-3206</b>	