

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730504

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** HOMOSASSA LIONS CLUB, INC.

**Current Principal Place of Business:**

3705 S. INDIANA TERR.  
HOMOSASSA, FL 34448 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1401  
HOMOSASSA SPRINGS, FL 34447 US

**New Mailing Address:**

**FEI Number:** 23-7113138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMEAU, DANA  
6 SALVIA CT.  
HOMOSASSA, FL 34446 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DURLING, ELLEN  
Address: 4100 S. COLONY TERR.  
City-St-Zip: HOMOSASSA, FL 34446

Title: S ( ) Delete  
Name: HIGGINS, JUDY  
Address: 7470 W ROADEALE DR.  
City-St-Zip: HOMOSASSA, FL 34448

Title: T ( ) Delete  
Name: COMEAU, DANA  
Address: 6 SALVIA CT.  
City-St-Zip: HOMOSASSA, FL 34446

Title: VP ( ) Delete  
Name: PROVOST, WENDY  
Address: 6830 S. JAY LEE PT.  
City-St-Zip: HOMOSASSA, FL 34446

Title: 2VP ( ) Delete  
Name: PHILLIPS, CAROL  
Address: 3231 S. ARUNDEL TERR.  
City-St-Zip: HOMOSASSA, FL 34448

Title: 3VP ( ) Delete  
Name: SOREL, MAURICE  
Address: 4110 S. COLONY TERR.  
City-St-Zip: HOMOSASSA, FL 34446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HIGGINS, JUDY  
Address: 7470 W ROSEDALE DR.  
City-St-Zip: HOMOSASSA, FL 34448

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANA COMEAU

T

01/05/2009

Electronic Signature of Signing Officer or Director

Date