

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90006 034 ****61.25

DOCUMENT # 734702

1. Entity Name
LIONS CLUB OF PORT CHARLOTTE, INC.



Principal Place of Business
**PO BOX 494007
PORT CHARLOTTE, FL 33949 US**

Mailing Address
**PO BOX 494007
PORT CHARLOTTE, FL 33949 US**

40129767



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07272007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-6155217

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHADE, RICHARD
21298 COTTENWOOD AVE
PORT CHARLOTTE, FL 33952**

Name **JONES, INEZ P.**
Street Address (P.O. Box Number is Not Acceptable)
22093 SEATON AVE

City **PORT CHARLOTTE** **FL** Zip Code **33954**

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

**Filing Fee is \$61.25
Due by September 14, 2007**

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 **MANNING, JOHN**
STREET ADDRESS **20128 TAPPANZEE DR**
CITY-STATE-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **T** ☒ Delete
NAME **SHADE, RICHARD**
STREET ADDRESS **21298 COTTENWOOD AVE**
CITY-STATE-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **S** ☐ Delete
NAME **HEGARD, DOLORES**
STREET ADDRESS **22369 LEGUARDIA AVE**
CITY-STATE-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **D** ☐ Delete
NAME **BUTLER, HAROLD**
STREET ADDRESS **3153 KINGSTON ST**
CITY-STATE-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **D** ☐ Delete
NAME **BUTLER, JUNE**
STREET ADDRESS **3153 KINGSTON ST**
CITY-STATE-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **D** ☐ Delete
NAME **HEGARD, JOHN**
STREET ADDRESS **22369 LEGUARDIA AVE**
CITY-STATE-ZIP **PORT CHARLOTTE, FL 33952**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **JONES, INEZ**
STREET ADDRESS **22093 SEATON**
CITY-STATE-ZIP **PORT CHARLOTTE FL 33954**

TITLE **S** ☐ Change ☒ Addition
NAME **REITCHARD, LYDIA**
STREET ADDRESS **114 LENOIR ST NW**
CITY-STATE-ZIP **PORT CHARLOTTE FL 33948**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

Harold Butler **Harold Butler**

8-16-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40129767

734702

Additional Officer and Directors:

D
Pritchard, Lydon
114 Lenoir St. NW
Port Charlotte, FL 33948

Addition