

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90273 017 ****61.25

DOCUMENT # 735087

1. Entity Name
COTEE RIVER LIONS CLUB, INC.



Principal Place of Business
8
8320 PLATHE ROAD
NEW PORT RICHEY, FL 34656-0773 US

Mailing Address
P.O. BOX 773
NEW PORT RICHEY, FL 34656-0773 US

40002577



01072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
51-0195691

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

HUBER, KENNETH E
11538 LAKEVIEW DRIVE
NEW PORT RICHEY, FL 34654

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P.D.** ☐ Delete
NAME MCFARLANE, LEONARD
STREET ADDRESS 1220 LACSY DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME HUBER, KENNETH E
STREET ADDRESS 11538 LAKEVIEW DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME CRANE, GILFORD
STREET ADDRESS 7423 FAIRWOOD AVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP P.** ☐ Delete
NAME MCNEILL, CHERYL
STREET ADDRESS 5604 ANTELOPE LANE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME GAGGIANG, JOE
STREET ADDRESS 5708 LAGGON DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE **D.** ☒ Change ☐ Addition
NAME JOE GAGGIANG
STREET ADDRESS 5708 LAGGON DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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:

KENNETH E. HUBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06

Date

(727) 846-0066

Daytime Phone #