## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Jan 14, 2008 8:00 am Secretary of State **DOCUMENT #735087** 01-14-2008 90101 015 \*\*\*\*61.25 1. Entity Name COTEE RIVER LIONS CLUB, INC. Mailing Address Principal Place of Business 4րրրյուս.∡ P.O. 80X 773 NEW PORT RICHEY, FL 34656-0773 US 8320 PLATHE ROAD NEW PORT RICHEY, FL 34656-0773 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Number 51-0195691 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUBER, KENNETH E Street Address (P.O. Box Number is Not Acceptable) 13011 WESTERN CIRCLE BAYONET POINT FL 34667 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 conted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. M Delete TITLE PRESIDENT **Change** Addition TIT! F JOHN GRILL MCFARLANE, LEONARD NAME NAME 13753 Gimmie CounT 1220 LACSY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY, FL 34654 HUDSON Fl. SD Delete TITLE ☐ Change ■ Addition TITLE HUBER, KENNETH E NAME NAME STREET ADDRESS 13011 WESTERN CIRCLE STREET ADDRESS BAYONET POINT, FL 34667 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME CRANE, GILFORD NAME STREET ADDRESS STREET ADDRESS 7423 FAIRWOOD AVE NEW PORT RICHEY, FL 34653 CITY-ST-7IP CITY-ST-7IP DIRELTON Change ☐ Addition TITLE Delete TIT1 F MCNEILL, CHERYL NAME NAME STREET ADDRESS 5604 ANTELOPE LANE STREET ADDRESS NEW PORT RICHEY, FL 34653 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME CAGGIANO, JOE NAME 5708 LAGGON DR STREET ADDRESS STREET ADDRESS NEW PORT RICHEY, FL 34653 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

KCUNETH E. HUBER

address, with all other like empowered.

IGNATURE AND TYPED DE PRINTED NAME OF BIONING OFFICER OR DIRECTOR

SIGNATURE

FILED