

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748216

FILED  
May 15, 2006  
Secretary of State

Entity Name: SARASOTA LIONS CLUB, INC.

**Current Principal Place of Business:**

PO BOX 51207  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 51207  
SARASOTA, FL 34232 US

**New Mailing Address:**

FEI Number: 59-1917625      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

GUTH, NANCY L  
4565 NORTHDAL DR  
SARASOTA, FL 34232 US

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: PD ( ) Delete  
Name: RILLA, DONALD  
Address: 1053 TREYMORE CT  
City-St-Zip: SARASOTA, FL 34243

Title: TD ( ) Delete  
Name: GUTH, NANCY  
Address: 4565 NORTHLAKE DR  
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete  
Name: GUTH, LARRY W  
Address: 4565 N. LAKE DR.  
City-St-Zip: SARASOTA, FL 34232

Title: SD ( ) Delete  
Name: VANLANDINGHAM, COURTNEY  
Address: 8448 GARDENS CIRCLE APT 7  
City-St-Zip: SARASOTA, FL 34238

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

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 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: DONALD RILLA

P

05/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date