


**2007 NOT-FOR-PROFIT CORPORATION**

Amended 2007-AR

**DOCUMENT # 748216**  
 1. Entity Name  
 SARASOTA LIONS CLUB, INC.



**FILED**  
 2007 OCT 29 AM 9:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 PO BOX 51207  
 SARASOTA, FL 34232 US

Mailing Address  
 PO BOX 51207  
 SARASOTA, FL 34232 US



2. Principal Place of Business - No P.O. Box #  
 5462 BENEVA WOODS CIRCLE

3. Mailing Address  
 SAME

Suite, Apt. #, etc.

10052 **RECAPITAL** (1/07)

City & State  
 SARASOTA, FL

City & State

4. FEI Number  
 59-1917625

Applied For  
 Not Applicable

Zip  
 34233

Country  
 USA

Zip

Country

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

6. Name and Address of Current Registered Agent

GUTH, NANCY  
 4565 NORTHLAKE DR  
 SARASOTA, FL 34232

AMBROZICH, MARK  
 5325 ANTHONY LANE  
 SARASOTA, FL 34233

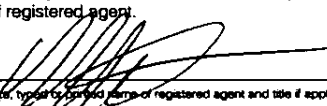
7. Name and Address of New Registered Agent

Name  
 AMBROZICH, MARK

Street Address (P.O. Box Number is Not Acceptable)  
 5325 ANTHONY LANE

City  
 SARASOTA FL Zip Code  
 34233

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  DATE 10/5/07

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


**FILE NOW!!! FEE IS \$61.25**  
 After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RILLA, DONALD 1053 TREYMORE CT SARASOTA, FL 34243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, CRAIG 3465 BEE RIDGE RD #313 SARASOTA, FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUTH, NANCY 4565 NORTHLAKE DR SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP KLUPIK, STUART 3391 HADFIELD GREENS SARASOTA, FL 34235 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTH, LARRY W 4565 N. LAKE DR. SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RILEY, WILLIAM 5462 BENEVA WOODS CIRCLE SARASOTA, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VANLANDINGHAM, COURTNEY 8448 GARDENS CIRCLE APT 7 SARASOTA, FL 34238 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBROZICH, MARK 5325 ANTHONY LANE SARASOTA, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110666627 10/11/07--01010--025 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 10/5/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/3/07