

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90324 029 ****61.25

DOCUMENT # 748329

1. Entity Name

LIONS CLUB OF INTERLACHEN, INC.



Principal Place of Business

CR OF OLD GAINESVILLE HWY & BOYLSTON
P.O. BOX 748
INTERLACHEN FL 32148

Mailing Address

CR OF OLD GAINESVILLE HWY & BOYLSTON
P.O. BOX 748
INTERLACHEN FL 32148

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1924977

Applied For

Not Applicable

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

WOODS, H. LEE

187 CR 315 NORTH

PO BOX 127

INTERLACHEN FL 32148

4111 S.E. 10TH PLACE
OCALA, FL 34471-4841

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WOODS, H. LEE
187 CR 315 NORTH
INTERLACHEN FL 32148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
OWEN, HOWARD
TWIN LAKE RD, POB 988N7A
INTERLACHEN, FL 00000 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PETERS, WILLIAM C.
227 2ND WAY
INTERLACHEN FL 32148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHURCH, JOSEPH
120 DOGWOOD ST.
INTERLACHEN FL 32148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SEARCY, DURHAM F.
105 POTTIE CT.
INTERLACHEN FL 32148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATHE SR., JOHN J.
1161 OLD GAINESVILLE HWY.
INTERLACHEN FL 32148 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SARAH HAWKINS
POB 484
INTERLACHEN, FL 32148-0484 ☐ Change ☒ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

H. LEE WOODS

4/15/5 1/800/399-2365