2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#748329

FILED Jun 19, 2008 Secretary of State

Entity Name: LIONS CLUB OF INTERLACHEN, INC.

Current E	Principal Place of Business:	Now Principal DI	aco of Rucinocc:
•		New Principal Place of Business:	
CR OF OLD GAINESVILLE HWY & BOYLSTON ST P.O. BOX 748 INTERLACHEN, FL 32148		200 PROSPECT AV INTERLACHEN, FL 32148	
Current Mailing Address:		New Mailing Address:	
P.O. BOX	LD GAINESVILLE HWY & BOYLSTON ST 748 CHEN, FL 32148	P O BOX 748 INTERLACHEN, F	L 32148
	r: 59-1924977	Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Addres	ss of New Registered Agent:
105 DOTT INTERLA	CHEN, FL 32148 US		
	e named entity submits this statement for the purpos e of Florida.	e of changing its regist	tered office or registered agent, or both,
SIGNATU			
	Electronic Signature of Registered Agent		Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHA	NGES TO OFFICERS AND DIRECTOR
Γitle: Name: Address:	S AND DIRECTORS: P () Delete COON, MARIE PO BOX 378 INTERLACHEN, FL 32148	ADDITIONS/CHA Title: Name: Address: City-St-Zip:	NGES TO OFFICERS AND DIRECTOR () Change () Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	P () Delete COON, MARIE PO BOX 378	Title: Name: Address:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	P () Delete COON, MARIE PO BOX 378 INTERLACHEN, FL 32148 T () Delete HAWKINS, SARAH P.O. BOX 484	Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	P () Delete COON, MARIE PO BOX 378 INTERLACHEN, FL 32148 T () Delete HAWKINS, SARAH P.O. BOX 484 INTERLACHEN, FL 32148 D () Delete GOSS, PATRICIA 306 S FILMORE AVE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition
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I hereby certify that the information supplied with this filing does not qualify 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: SARAH S HAWKINS T 06/19/2008