2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 748329

Entity Name: LIONS CLUB OF INTERLACHEN, INC.

Current Principal Place of Business:

200 PROSPECT AV
INTERLACHEN, FL 32148

New Principal Place of Business:

Current Mailing Address:

P O BOX 748
INTERLACHEN, FL 32148

New Mailing Address:

FEI Number: 59-1924977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEARCY, DURHAM
105 DOTTIE CRT
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

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:	P	( ) Delete
Name:	COON, MARIE	
Address:	PO BOX 378	
City-St-Zip:	INTERLACHEN, FL 32148	
Title:	T	( ) Delete
Name:	HAWKINS, SARAH	
Address:	P.O. BOX 484	
City-St-Zip:	INTERLACHEN, FL 32148	
Title:	D	( ) Delete
Name:	GOSS, PATRICIA	
Address:	306 S FILMORE AVE	
City-St-Zip:	INTERLACHEN, FL 32148	
Title:	S	( ) Delete
Name:	SHERYL SHEMET	
Address:	663 COUNSINTOWN RD	
City-St-Zip:	INTERLACHEN, FL 32148	
Title:	VD	( ) Delete
Name:	SEARCY, DURHAM F.	
Address:	105 DOTTIE CT	
City-St-Zip:	INTERLACHEN, FL 32148	
Title:	D	( ) Delete
Name:	MATHE SR., JOHN J.	
Address:	1161 S R 20	
City-St-Zip:	INTERLACHEN, FL 32148	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	SHEMET, PETER A	
Address:	PO BOX 748	
City-St-Zip:	INTERLACHEN, FL 32148	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	SHEMET, SHERYL L	
Address:	663 COUNSINTOWN RD	
City-St-Zip:	INTERLACHEN, FL 32148	
Title:	PDG	(X) Change ( ) Addition
Name:	SEARCY, DURHAM F	
Address:	105 DOTTIE CT	
City-St-Zip:	INTERLACHEN, FL 32148	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: SHERYL L SHEMET S 03/23/2009

Electronic Signature of Signing Officer or Director — Date