

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755477

FILED  
Feb 27, 2009  
Secretary of State

**Entity Name:** CORAL SPRINGS LIONS CLUB, INC.

**Current Principal Place of Business:**

P.O. BOX 8534  
CORAL SPRINGS, FL 33075

**New Principal Place of Business:**

8532 NW 27TH DRIVE  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

P.O. BOX 8534  
CORAL SPRINGS, FL 33075

**New Mailing Address:**

**FEI Number:** 23-7143071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAWSON, ROBERT S.  
8532 NW 27TH DR  
CORAL SPRINGS, FL 33065 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: DP ( ) Delete  
Name: CHITWOOD, BARRY  
Address: 3000 NW 5TH TERRACE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: DT ( ) Delete  
Name: DAWSON, ROBERT S  
Address: 8532 N.W. 27TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: CARAZA, CARLOS  
Address: 6506 NW 55TH MANOR  
City-St-Zip: POMPANO BEACH, FL 33067

**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:

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: ROBERT S. DAWSON

TRES

02/27/2009

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

\_\_\_\_\_  
Date