


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90092 017 \*\*\*\*61.25

<b>DOCUMENT # 755659</b> 1. Entity Name <b>LIONS CLUB OF WAUCHULA, INC.</b>			
Principal Place of Business <b>318 W MAIN ST WAUCHULA, FL 33873 US</b>		Mailing Address <b>1586 THOMPSON DR WAUCHULA, FL 33873-8455 US</b>	
2. Principal Place of Business <b>610 W. Orange ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>723 Hanchey Rd</b> Suite, Apt. #, etc.	
City & State <b>WAUCHULA, FL</b>		City & State <b>WAUCHULA, FL</b>	
Zip <b>33873</b>		Zip <b>33873</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-6151399</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALBRITTON, J. TALMADGE 1586 THOMPSON DR WAUCHULA, FL 33873</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>J. Talmadge Albritton</i></u> <b>T.D.</b> <span style="float: right;">4/19/04</span> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DURASTANTI, DAVID</b> <b>610 E JONES ST</b> <b>BOWLING GREEN, FL</b> <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	D <b>WYSER, LJOE</b> <b>1033 NE 36 ST</b> <b>FORT MEADE, FL 33841</b> <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	T.D. <b>ALBRITTON, J. TALMADGE</b> <b>1586 THOMPSON DR</b> <b>WAUCHULA, FL 33873</b> <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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: <u><i>J. Talmadge Albritton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/19/04 <span style="float: right;">863-773-4151</span> <small>Date Daytime Phone #</small>	