## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#760946**

FILED Jaņ 16, 2<u>00</u>7 Secretary of State

Entity Name: LAKE WORTH LIONS CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

PO BOX 1407 1811 N.J TERR.

LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 LIS LIS

**Current Mailing Address: New Mailing Address:** 

PO BOX 1407

LAKE WORTH, FL 33460 US

FEI Number: 59-2138279 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TAYLOR, CLIIFORD 1811 N J TERR

LAKE WORTH, FL 33460 US

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

KIRKPATRICK, T.J. KIRKPATRICK, T.J. Name: Name: 26 16TH AVE N Address: 26 16TH AVE N Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460

Title: () Delete Title: **TRES** (X) Change ( ) Addition

TAYLOR, CLIFFORD Name: TAYLOR, CLIFFORD Name: Address: 1811 N 'J TERRACE Address: 1811 N 'J TERRACE City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460

Title: () Delete Title: () Change () Addition

TYLOR, CLIFFORD Name: Name: Address: 1811 N 'J TERRACE Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip:

Title: ( ) Delete Title: PRES (X) Change ( ) Addition

BASS, V CLAYTON Name: BASS, V CLAYTON Name: 7309 SMITHBROOKE DR 7309 SMITHBROOKE DR Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete Title: () Change () Addition

MURPHY, FELIX Name: Name: 314 C-2 PINE RIDGE CIRCLE Address: Address: City-St-Zip: LAKE WORTH, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CLIFFORD TAYLOR **TRES** 01/16/2007