


# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


<b>DOCUMENT # 765039</b>	
1. Entity Name <b>LORIDA LIONS CLUB, INC.</b>	

Principal Place of Business <b>300 LAKE DRIVE LORIDA, FL 33857 US</b>	Mailing Address <b>P.O. BOX 201 LORIDA, FL 33857 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 56</b>  Suite, Apt. #, etc.
City & State  <b>Lorida FL</b>	City & State <b>Lorida FL</b>
Zip <b>33857</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>GREENE, TOM 211 RACCOON LANE LORIDA, FL 33857</b>	
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**FILED**  
**09 JAN 29 PM 4: 04**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01022009	Chg-NP	CR2E037 (11/08)
4. FEI Number <b>59-2001953</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2009</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURGER, EUGENE 201 PINE ST. LORIDA, FL 33857 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	02/11/09--01005--002 <input type="checkbox"/> Change <input type="checkbox"/> Addition **\$61.25 100143345011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WEBB, DALLEY 3807 OAK RIDGE DRIVE SEBRING, FL 33876 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Jimmy Baker P.O. Box 698 Lorida, FL 33857 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GREENE, TOM 211 RACCOON LN LORIDA, FL 33857 <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
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
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 exemptions contained 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 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:** Tom Greene **1/23/09**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #