


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90137 007 ****61.25

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|--|---|---|---|---|--|
| DOCUMENT # 765656 1. Entity Name CRESCENT CITY LIONS CLUB, INC. | | | |  | |
| Principal Place of Business 922 OAKWOOD STREET CRESCENT CITY, FL 32112 US | | | Mailing Address PO BOX 823 CRESCENT CITY, FL 32112-0823 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. 610 NORTH SUMMIT ST City & State CRESCENT CITY Zip FL 32112 | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip US | | |
| 4. FEI Number 59-6169998 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent CLYBURN, LLOYD E 114 PEGGY LANE GEORGETOWN, FL 32139 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHARP, ALEXANDER M III 217 NORTH PARK ST CRESENT CITY, FL 32139 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Reese, Robert 228 PALM AVE. CRESCENT CITY, FL 32112 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CARTER, PATRICIA J 117 PUTTER LANE CRESENT CITY, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Brown, Ann A 253 Duncan Rd, Crescent City FL 32112 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CLYBURN, LLOYD 114 PEGGY LANE GEORGETOWN, FL 32139 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Newman, Eve 670 Union Ave Crescent City FL 32112 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETERSON, DOROTHY 110 LAKE ST LAKE COMO, FL 32157 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Newman, Eve 670 Union Ave Crescent City FL 32112 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WOODRUFF, DALE 402 CYPRESS AVE CRESCENT CITY, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Newman, Eve 670 Union Ave Crescent City FL 32112 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FAIVER, LARRY 827 ORANGE AVE CRESCENT CITY, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Newman, Eve 670 Union Ave Crescent City FL 32112 | <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: <u>Lloyd E. Clyburn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 07/18/06 <small>Date</small> | | |
| 386 467 9378 <small>Daytime Phone #</small> | | | | | |

ATTACHMENT



50022694

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2006

CRESCENT CITY LIONS CLUB, INC.
C/O LLOYD CLYBURN
PO BOX 122
GEORGETOWN, FL 32139 US

SUBJECT: CRESCENT CITY LIONS CLUB, INC.
Ref. Number: 765656

Pursuant to our telephone conversation of July 11, 2006, I am enclosing the 2006 Annual Report per your request.

The fee to file the enclosed nonprofit annual report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

TINA D CARTER
Clerk

Letter Number: 906A00044527

Thank you. We didn't get your notice in Jan/Feb.

Lloyd Clyburn