


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # 765656 1. Entity Name CRESCENT CITY LIONS CLUB, INC.	
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Principal Place of Business 610 NORTH SUMMIT ST CRESCENT CITY, FL 32112 US	Mailing Address PO BOX 823 CRESCENT CITY, FL 32112-0823 US
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01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6169998	Applied For 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REESE, ROBERT 228 PALM AVE CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ANN A 253 DUNCAN RD CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLYBURN, LLOYD 114 PEGGY LANE GEORGETOWN, FL 32139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, EVE 670 UNION AVE CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIVER, LARRY 827 ORANGE AVE CRESCENT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000800349
01/31/08-80013-024 61.25

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:  **1/24/07 (346) 467-8969**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #