2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765656

FILED Jun 09, 2009 Secretary of State

Entity Name: CRESCENT CITY LIONS CLUB, INC.

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

610 NORTH SUMMIT ST

CRESCENT CITY, FL 32112 US

Current Mailing Address: New Mailing Address:

PO BOX 823

CRESCENT CITY, FL 321120823 US

FEI Number: 59-6169998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CLYBURN, LLOYD E 114 PEGGY LANE

GEORGETOWN, FL 32139 US

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:

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

CRESCENT CITY, FL 32112

MOLTIMORE, THOMAS

601 MAGNOLIA AVE

() Delete REESE, ROBERT Name: 228 PALM AVE Address: City-St-Zip: CRESCENT CITY, FL 32112

Title: Title: (X) Change () Addition () Delete BROWN, ANN A Name: CLYBURN, LLOYD Name:

Address: 253 DUNCAN RD Address: 114 PEGGY LANE City-St-Zip: CRESCENT CITY, FL 32112 City-St-Zip: GEORGETOWN, FL 32139

Title: () Delete Title: SD (X) Change () Addition CLYBURN, LLOYD VAN TRUMP, BETTE Name: Name:

Address: 114 PEGGY LANE Address: 1534 CR 309

City-St-Zip: GEORGETOWN, FL 32139 City-St-Zip: GEORGETOWN, FL 32139

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

Name: NEWMAN, EVE Name: REESE, ROBERT 670 UNION AVE Address: Address: 228 PALM AVE

CRESCENT CITY, FL 32112 City-St-Zip: City-St-Zip: CRESCENT CITY, FL 32112

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

FAIVER, LARRY Name: Name: 827 ORANGE AVE Address: Address: CRESCENT CITY, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LLOYD E CLYBURN SD 06/09/2009