2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 765886

1. Entity Name
DANIA LIONS CLUB, INC.

Principal Place of Business	Mailing Address
501 SW 4TH AVE DANIA, FL 33004	PO BOX 681 DANIA, FL 33004

01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0692229
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COSTELLO, RON
262 SW 8TH ST.
DANIA, FL 33004

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	COSTELLO, RON
STREET ADDRESS	262 SW 8TH ST
CITY-ST-ZIP	DANIA, FL 33004
TITLE	SD
NAME	SILVERNALE, JUNE
STREET ADDRESS	275 SW 9TH ST
CITY-ST-ZIP	DANIA, FL 33004
TITLE	D
NAME	HUTCHINGS, RUTH
STREET ADDRESS	33 S.E. 4TH ST.
CITY-ST-ZIP	DANIA, FL 33004
TITLE	P
NAME	SILVERNALE, JIM
STREET ADDRESS	294 SW 9TH ST
CITY-ST-ZIP	DANIA BEACH, FL
TITLE	D
NAME	KUBETZ, HANK
STREET ADDRESS	1201 S. OCEAN DR. APT 201
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000795374
01/28/08-80044-023 70.00

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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: _____ 1/16/08 954-303-0623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #