

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90069 024 ****61.25

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1. Entity Name

**BUILDING ASSOCIATION OF AUBURNDALE LIONS
CLUB, INC.**



Principal Place of Business

**226 BENNETT STREET
AUBURNDALE FL 33823**

Mailing Address

**P.O. BOX 1271
AUBURNDALE FL 33823**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-2091888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUTTERIDGE, ERNEST
4064 LAKE MARIANNA DR.
WINTER HAVEN FL 33881**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete
NAME **BULLOCK, JANICE**
STREET ADDRESS **123 4TH STREET, JPV**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GUTTERIDGE, ERNEST**
STREET ADDRESS **4064 LAKE MARIANNA DR.**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☒ Delete
NAME **BEANE-HOLLAND, RUEN**
STREET ADDRESS **2401 STANTON ST**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **D/P** ☒ Change ☐ Addition
NAME **GUTTERIDGE, ERNEST**
STREET ADDRESS **4064 LAKE MARIANA DRIVE**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **DP** ☐ Delete
NAME **SAMEN, CHARLES C**
STREET ADDRESS **150 OLD NICHOLS CIRCLE**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CAHILL, ANN**
STREET ADDRESS **121 HOLIDAY LANE**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **V/S/D** ☐ Change ☒ Addition
NAME **JOHN W. COFER**
STREET ADDRESS **5401 US HWY 17-92 W LOT 41**
CITY-ST-ZIP **HAINES CITY, FL 33844**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T/D** ☐ Change ☒ Addition
NAME **JEANNETTE C. COFER**
STREET ADDRESS **5401 US HWY 17-92 W LOT 41**
CITY-ST-ZIP **HAINES CITY, FL 33844**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. COFER V/S/D

Date

4/21/04

Daytime Phone #

863-956-8775