2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002676

FILED May 01, 2006 Secretary of State

Entity Name: BUILDING ASSOCIATION OF AUBURNDALE LIONS CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 226 BENNETT STREET AUBURNDALE, FL 33823 **Current Mailing Address: New Mailing Address:** P.O. BOX 1271 AUBURNDALE, FL 33823 FEI Number: 91-2091888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: GUTTERIDGE, ERNEST 4064 LAKE MARIANNA DR. WINTER HAVEN, FL 33881 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BULLOCK, JANICE NACARATO, CAROL Name: Name: 123 4TH STREET, JPV Address: 3645 AVE. S. NW Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: WINTER HAVEN, FL 33881 Title: () Delete Title: (X) Change () Addition COFER, JEANNETTE Name: EDWARDS, DUANE Name: Address: 5401 US HWY 17-92 W A41 Address: 7749 CANTERBURY CIRCLE City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: LAKELAND, FL 33810 Title: () Delete Title: () Change () Addition GUTTERIDGE, ERNEST Name: Name: 4064 LAKE MARIANA DRIVE Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: (X) Change () Addition Title: () Delete Title: DV Name: SAMEN, CHARLES C Name: SAMEN, CHARLES C 150 OLD NICHOLS CIRCLE 150 OLD NICHOLS CIRCLE Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823 Title: () Delete Title: (X) Change () Addition CAHILL, ANN NACARATO, FRANK JR. Name: Name: 121 HOLIDAY LANE 3645 AVE. S. NW Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: WINTER HAVEN, FL 33881 Title: () Delete Title: (X) Change () Addition COFER, JOHN W COFFR JOHN W Name: Name: Address: 5401 US HWY 17-92 W LOT 41 Address: 5401 US HWY 17-92 W LOT 41 HAINES CITY, FL 33844 HAINES CITY, FL 33844 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN W. COFER D 05/01/2006