

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90176 045 ****61.25

DOCUMENT # N00000002676					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 91-2091888	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>SONIA M. KEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>213 DEBBIE ANN CT.</u> City <u>AUBURNDALE</u> <u>FL</u> Zip Code <u>33823</u>			
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 <u>Sonia M. Key</u> <u>SONIA M. KEY</u> <u>TREASURER</u> <u>04-28-08</u> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D, V SEMEN, CHARLES 150 OLD NICHOLS CIR. AUBURNDALE, FL 33823	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDWARDS, DUANE 7749 CANTERBURY CIRCLE LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D JANICE BULLOCK 123-4th JPV St. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUTTERIDGE, ERNEST 4064 LAKE MARIANA DRIVE WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTY BOZUNG 910 KRISTINA CT. AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURCOTTE, ROGER 689 LAKE HOWARD APT 3B WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SONIA M. KEY 213 DEBBIE ANN CT. AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NACARATO, FRANK JR. 3645 AVE. S. NW WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAHILL, ANN 121 HOLIDAY LN AUBURNDALE, FL 33823	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Sonia M. Key</u> <u>SONIA M. KEY</u>				<u>04-26-08</u> <u>(863) 802-2502</u> <small>Date Daytime Phone #</small>	