

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003777

FILED  
Jan 28, 2007  
Secretary of State

**Entity Name:** THE LIONS CLUB OF OVIEDO-WINTER SPRINGS, INC.

**Current Principal Place of Business:**

4792 DUNBARTON DR  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

4792 DUNBARTON DR  
ORLANDO, FL 32817

**New Mailing Address:**

**FEI Number:** 59-3652030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLINE, ROY  
251 MAITLAND AVE., STE. 203  
ALTAMONTE SPRINGS, FL 32701 US

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

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:**

Title: D ( ) Delete  
Name: ERION, TED  
Address: 1100 HURON CT.  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: PARKER, TOM  
Address: 51 PARTRIDGE CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: STAMM, PAT  
Address: 1730 FOX GLEN COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: CONAUGHTY, CATHY  
Address: 4792 DUNBARTON DR  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: DULNIAK, DENNIS  
Address: 1772 CARILLION PARK DR  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: CONAUGHTY, TOM  
Address: 4792 DUNBARTON DR  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CHRISTIAN, DIANNE  
Address: 2625 UNIVERSITY ACRES DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: TOM CONAUGHTY

D

01/28/2007

Electronic Signature of Signing Officer or Director

Date