

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003777

FILED
Mar 15, 2009
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: CHRISTIAN, DIANNE
Address: 2625 UNIVERSITY ACRES DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: BUFALO, NINO
Address: 557 CHULAWOOD CT
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: SPIRO, CINDY
Address: 3544 PALM VALLEY CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: COHEN, CARL
Address: 1929 SUMMER CLUB DRIVE #205
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: MYERS, DOT
Address: 5428 PECOS ST
City-St-Zip: ORLANDO, FL 32807

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: O (X) Change () Addition
Name: COHEN, CARL
Address: 1929 SUMMER CLUB DRIVE #205
City-St-Zip: OVIEDO, FL 32765

Title: O (X) Change () Addition
Name: CONAUGHTY, CATHY
Address: 4792 DUNBARTON DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: O (X) Change () Addition
Name: CONAUGHTY, TOM
Address: 4792 DUNBARTON DR
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify 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

O

03/15/2009

Electronic Signature of Signing Officer or Director

Date