

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# N00000004660

Entity Name: QUINCY LIONS CLUB, INC.

Current Principal Place of Business:

37 N CLEVELAND ST
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

37 N CLEVELAND ST
QUINCY, FL 32351

New Mailing Address:

FEI Number: 51-0230195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLOUD, FLAKE
121 COOL SPRINGS LN
QUINCY, FL 32351 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: P () Delete
Name: MORRIS, DON
Address: 322 N CANNOON ST
City-St-Zip: QUINCY, FL 32351

Title: SD () Delete
Name: CLOUD, FLAKE
Address: 121 COOL SPRINGS LN
City-St-Zip: QUINCY, FL 32351

Title: TD () Delete
Name: WHITTLE, W.O.
Address: 394 TALQUIN AVE
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: YOUNG, HOWARD
Address: 851 FRIDAY RD
City-St-Zip: QUINCY, FL 32352

Title: D () Delete
Name: ALLEN, BILL
Address: 288 DEERWOOD CIRCLE
City-St-Zip: QUINCY, FL 32352

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POWELL, CHARLES
Address: 190 POWELL CIRCLE
City-St-Zip: QUINCY, FL 32352

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: FLAKE CLOUD

SD

01/04/2006

Electronic Signature of Signing Officer or Director

Date