


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N01273 1. Entity Name LIONS CLUB OF OLDSMAR, INC.	
---	---

Principal Place of Business 3014 PEPPERWOOD LANE CLEARWATER, FL 33761 US	Mailing Address P.O. BOX 1051 OLDSMAR, FL 34677
--	---

DO NOT WRITE IN THIS SPACE



07062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1612490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOUGLAS, JOHN W 3014 PEPPERWOOD LANE CLEARWATER, FL 33761	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PORCELLI, DOROTHY 3113 SR 580 #415 SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JUDY, PAUL 2751 CLIFFSIDE WAY LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>B- VICE PRESIDENT</i> FARMER, ROWENA 264 PELICAN DR. NORTH OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PORCELLI, JOSEPH 3113 SR 580 #415 SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DOUGLAS, JOHN W 3014 PEPPERWOOD LN W CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>X SEC</i> SMITHER, JOHN 313 FAIRWOOD CT OLDSMAR, FL 34677

**DO NOT WRITE
IN THIS SPACE**

L00000164855
07/09/04-80006-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John Kelly Smith* *JOHN KEAT SMITH* *8-7-04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #