2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N01273

1. Entity Name
LIONS CLUB OF OLDSMAR, INC.

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

01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1612490
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, JOHN W
3014 PEPPERWOOD LANE
CLEARWATERR, FL 33761

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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 changing)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PORCELLI, DOROTHY
STREET ADDRESS	3113 SR 580 #415
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	D
NAME	JUDY, PAUL
STREET ADDRESS	2751 CLIFFSIDE WAY
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	D
NAME	FARMER, ROWENA
STREET ADDRESS	284 PELICAN DR, NORTH
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	P
NAME	PORCELLI, JOSEPH
STREET ADDRESS	3113 SR 580 #415
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	T
NAME	DOUGLAS, JOHN W
STREET ADDRESS	3014 PEPPERWOOD LN W
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	V
NAME	SMITHER, JOHN
STREET ADDRESS	313 FAIRWOOD CT
CITY-ST-ZIP	OLDSMAR, FL 34677

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01/20/05-80012-004 61.25

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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: J. W. Douglas 1/13/05 - 727-796-6880
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — Daytime Phone #