

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01273

FILED
Jan 15, 2007
Secretary of State

Entity Name: LIONS CLUB OF OLDSMAR, INC.

Current Principal Place of Business:

3014 PEPPERWOOD LANE
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1051
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-1612490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLAS, JOHN W
3014 PEPPERWOOD LANE
CLEARWATER, FL 33761 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: PORCELLI, DOROTHY
Address: 3113 SR 580 #415
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: CAMPOLI, JAMES
Address: 317 E SHORE DR
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: FARMER, ROWENA
Address: 264 PELICAN DR. NORTH
City-St-Zip: OLDSMAR, FL 34677

Title: P () Delete
Name: PORCELLI, JOSEPH
Address: 3113 SR 580 #415
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T () Delete
Name: DOUGLAS, JOHN W
Address: 3014 PEPPERWOOD LN W
City-St-Zip: CLEARWATER, FL 33761

Title: V () Delete
Name: SMITHER, JOHN
Address: 313 FAIRWOOD CT
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PORCELLI, DOROTHY
Address: 3113 SR 580 #283
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D (X) Change () Addition
Name: SMITHER, NANCY
Address: 313 FAIRWOOD COURT
City-St-Zip: OLDSMAR, FL 34677

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

Title: P (X) Change () Addition
Name: PORCELLI, JOSEPH
Address: 3113 SR 580 #283
City-St-Zip: SAFETY HARBOR, FL 34695

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: JOHN W. DOUGLAS

T

01/15/2007

Electronic Signature of Signing Officer or Director

Date