



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90120 030 \*\*\*\*61.25

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # N01417</b><br>1. Entity Name<br><b>ENGLEWOOD LIONS CIVIC ASSOCIATION, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>4611 PLACIDA RD.<br/>P.O. BOX 5251<br/>ENGLEWOOD, FL 34224 US</b>   |  |   |  | Mailing Address<br><b>P O BOX 5251<br/>ENGLEWOOD, FL 34224-5251 US</b>   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |  |    |  |
| 4. FEI Number<br><b>65-0526380</b>  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MILLER, GARY D.<br/>9371 HEARTWELLVILLE AVE<br/>ENGLEWOOD, FL 34224</b>   |  |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by September 8, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>       |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>  |  |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T<br/>BEERS, LARRY W<br/>8080 CASA DE MEADOWS DR.<br/>ENGLEWOOD, FL 342249509</b> | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T<br/>MILLER, GARY D.<br/>9371 HEARTWELLVILLE AVE.<br/>ENGLEWOOD, FL</b>          | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>WILDE, ALBERT<br/>6601 GASPARILLA PINES BLVD.<br/>ENGLEWOOD, FL 34224</b>   | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>MASON, HERBERT<br/>7220 QUARRY ST.<br/>ENGLEWOOD, FL 34224</b>              | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |  |  |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small><br><div style="text-align: right;"> <b>8-30-04 941-223-6105</b><br/> <small>Date Daytime Phone #</small> </div>  |  |   |  |  |  |



*attached*

*44052422*

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 29, 2004

ENGLEWOOD LIONS CIVIC ASSOCIATION, INC.  
P O BOX 5251  
ENGLEWOOD, FL 34224-5251 US

SUBJECT: ENGLEWOOD LIONS CIVIC ASSOCIATION, INC.  
Ref. Number: N01417

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 404A00047713

Attachment  
44052422  
Division of Corporations

## Annual Report

Page 1

Document Number

N01417

Business Entity Name

ENGLEWOOD LIONS CIVIC ASSOCIATION, INC.

FEI Number

650526380

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes

No

## Principal Place of Business

Address

4611 PLACIDA RD.

Suite, Apt. #, etc.

P.O. BOX 5251

City, State

ENGLEWOOD

FL

Zip Code &amp; Country

34224

US

## Mailing Address

Address

P O BOX 5251

Suite, Apt. #, etc.

City, State

ENGLEWOOD

FL

Zip Code &amp; Country

342245251

US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

MILLER

GARY D.

-or- RA Business Name

Address

9371 HEARTWELLVILLE AVE

Suite, Apt. #, etc.

City, State

ENGLEWOOD

FL

Zip Code &amp; Country

34224

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

GARY D. Miller, Treas.

Attachment  
Division of Corporations

44052422

## Annual Report

Page 2

Document Number

N01417

Business Entity Name

ENGLEWOOD LIONS CIVIC ASSOCIATION, INC.

Election Campaign Financing Trust Fund Contribution Yes ☒ No

## Officer/Director Name And Address

Title T  
Name (Last, First, Middle, Title) BEERS LARRY W  
-or- Entity Name  
Street Address 8080 CASA DE MEADOWS DR.  
City, State ENGLEWOOD FL  
Zip Code & Country 342249509

Title T  
Name (Last, First, Middle, Title)  
-or- Entity Name MILLER, GARY D.  
Street Address 9371 HEARTWELLVILLE AVE.  
City, State ENGLEWOOD FL  
Zip Code & Country

Title D  
Name (Last, First, Middle, Title) WILDE ALBERT  
-or- Entity Name  
Street Address 6601 GASPARILLA PINES BLVD.  
City, State ENGLEWOOD FL  
Zip Code & Country 34224

Title P  
Name (Last, First, Middle, Title) MASON HERBERT  
-or- Entity Name  
Street Address 7220 QUARRY ST.

*Attachment  
#N01417**44052422*

City, State

ENGLEWOOD

FL

Zip Code &amp; Country

34224

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

**List more than six Officers/Directors**    **No additional Officers/Directors to list**

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

*Treasurer*

Officer/Director Signature

*GARY D. M. HOBBS, Treas.*

Continue

Reset

Start Over

**Sunbiz Home Page****Public Access Help**

*Attachment #201417 44052422*

Florida Department of State - Division of Corporations

## Corporation Fees

### PROFIT, NON-PROFIT, AND TRADEMARKS

|   |                      |
|---|----------------------|
| Filing Fees   | \$ 35.00             |
| Registered Agent Designation                        | \$ 35.00             |
| * Certified Copy (optional)                         | \$ 8.75              |
| TOTAL   | \$ 78.75             |
| Amendment of any record                             | \$ 35.00             |
| Profit Annual Report (& Supplemental Fee)           | \$150.00             |
| Profit Annual Report (Received after May 1)         | \$550.00             |
| Amended Profit Annual Report                        | \$ 61.25             |
| Articles of Correction                              | \$ 35.00             |
| Non-Profit Annual Report                            | \$ 61.25             |
| Certificate of Status                               | \$ 8.75              |
| * Certified Copy                                    | \$ 8.75 (see below)  |
| * Photocopies                                       | \$ 10.00 (see below) |
| Change of registered agent                          | \$ 35.00             |
| Dissolution & withdrawal                            | \$ 35.00             |
| Foreign Name registration                           | \$ 87.50             |
| Foreign Name renewal                                | \$ 87.50             |
| Merger (per party)                                  | \$ 35.00             |
| Reinstatement (Profit)                              | \$600.00             |
| Reinstatement (Non-Profit)                          | \$175.00             |
| Resignation of Reg. Agent (active corporation)      | \$ 87.50             |
| (inactive corporation)                              | \$ 35.00             |
| Revocation of Dissolution                           | \$ 35.00             |
| Substitute service of process<br>(Chapter 48, F.S.) | \$ 8.75              |
| Trade & service Marks (per class)                   | \$ 87.50             |
| Trade & Service Mark assignment                     | \$ 50.00             |
| Trade & Service Mark renewals (per class)           | \$ 87.50             |

- \* Certified Copies are \$8.75 for the first 8 pages and \$1.00 for each additional page, not to exceed a maximum of \$52.50. This fee is applied only to requests that are done in person. All mail-in requests are charged a flat \$8.75.
- \* Photocopies are \$1.00 per page for requests that are brought in to our office. All mail-in requests are charged a flat \$10.00.

### LIMITED LIABILITY COMPANY

|                                       |                           |
|---------------------------------------|---------------------------|
| Annual Report                         | \$ 50.00                  |
| Certificate of Status                 | \$ 5.00                   |
| Certified Copy of Record              | \$ 30.00                  |
| New Florida/Foreign LLC               |                           |
| Filing Fee (Required)                 | \$100.00                  |
| Registered Agent Fee (Required)       | \$ 25.00                  |
| Total Fee For New Florida/Foreign LLC | \$125.00                  |
| Change of Registered Agent            | \$ 25.00                  |
| Articles of Correction                | \$ 25.00                  |
| Certificate of Conversion             | \$ 25.00 (+ New LLC Fees) |
| Registered Agent Resignation(active)  | \$ 85.00                  |

*Attachment*  
*#NO1417*

*44052422*

|  |                                       |
|--|---------------------------------------|
| Registered Agent Resignation (dissolved) | \$ 25.00                              |
| Reinstatement Fee                        | \$100.00                              |
| Any Other Amendment                      | \$ 25.00                              |
| Articles of Dissolution/Withdrawal       | \$ 25.00                              |
| Articles of Revocation of Dissolution    | \$100.00                              |
| Articles of Merger                       | \$ 25.00 (Unless Other Fee Specified) |

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