2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N01417

1. Entity Name
ENGLEWOOD LIONS CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4611 PLACIDA RD. P.O. BOX 5251 ENGLEWOOD, FL 34224 US	P O BOX 5251 ENGLEWOOD, FL 34224-5251 US

DO NOT WRITE IN THIS SPACE

03032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0526380

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, GARY D.
9371 HEARTWELLVILLE AVE
ENGLEWOOD, FL 34224

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 _____ 3-3-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

10.	OFFICERS AND DIRECTORS
TITLE	T
NAME	BEERS, LARRY W
STREET ADDRESS	8080 CASA DE MEADOWS DR.
CITY-ST-ZIP	ENGLEWOOD, FL 342249509
TITLE	T
NAME	MILLER, GARY D.
STREET ADDRESS	9371 HEARTWELLVILLE AVE.
CITY-ST-ZIP	ENGLEWOOD, FL
TITLE	D
NAME	WILDE, ALBERT
STREET ADDRESS	6601 GASPARILLA PINES BLVD.
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	P
NAME	MASON, HERBERT
STREET ADDRESS	7220 QUARRY ST.
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible]
[illegible] 03047-021 01.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 3-3-06 941 474-3843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #