

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 4611 PLACIDA RD. P.O. BOX 5251 ENGLEWOOD, FL 34224 US	Mailing Address P O BOX 5251 ENGLEWOOD, FL 34224-5251 US
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DO NOT WRITE IN THIS SPACE



03032008 No Chg-NP CR2E037 (11/05)

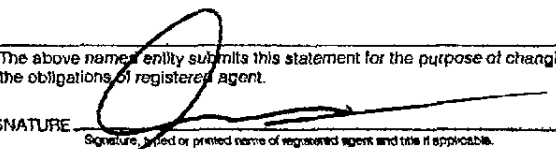
4. FEI Number 65-0526380	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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:  (NOTE: Registered Agent signature required when reappointing)

DATE: 3-3-06

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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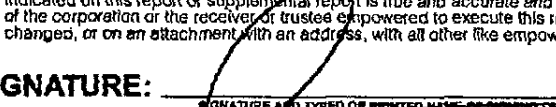
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEERS, LARRY W 8080 CASA DE MEADOWS DR. ENGLEWOOD, FL 342249509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, GARY D. 9371 HEARTWELLVILLE AVE. ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDE, ALBERT 6801 GASPARILLA PINES BLVD. ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASON, HERBERT 7220 QUARRY ST. ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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.

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:  DATE: 3-3-06 DAYTIME PHONE: 941 474-3843