# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N01417**

1. Entity Name
ENGLEWOOD LIONS CIVIC ASSOCIATION, INC.

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

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country | Zip | Country |

02282007    Chg-NP        CR2E037 (12/06)

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 | 7. Name and Address of New Registered Agent |
|---|---|
| MILLER, GARY D.<br>9371 HEARTWELLVILLE AVE<br>ENGLEWOOD, FL 34224 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City    FL    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 _____

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, 2007**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|
| TITLE **T**<br>NAME **BEERS, LARRY W**<br>STREET ADDRESS **8080 CASA DE MEADOWS DR.**<br>CITY-ST-ZIP **ENGLEWOOD, FL 342249509** | ☐ Delete | TITLE **S** Beers, Larry W<br>NAME<br>STREET ADDRESS 8080 Casa De Meadows Dr<br>CITY-ST-ZIP Englewood, FL 34224 9509 | ☒ Change | ☐ Addition |
| TITLE **T**<br>NAME **MILLER, GARY D.**<br>STREET ADDRESS **9371 HEARTWELLVILLE AVE.**<br>CITY-ST-ZIP **ENGLEWOOD, FL** | ☒ Delete | TITLE **T** Sheila Doucette<br>NAME<br>STREET ADDRESS 7403 Ebro Road<br>CITY-ST-ZIP Englewood, FL 34224 | ☐ Change | ☒ Addition |
| TITLE **D**<br>NAME **WILDE, ALBERT**<br>STREET ADDRESS **6601 GASPARILLA PINES BLVD.**<br>CITY-ST-ZIP **ENGLEWOOD, FL 34224** | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE **P**<br>NAME **MASON, HERBERT**<br>STREET ADDRESS **7220 QUARRY ST.**<br>CITY-ST-ZIP **ENGLEWOOD, FL 34224** | ☒ Delete | TITLE **P** Madeline Ostrowski<br>NAME<br>STREET ADDRESS 3364 Holcomb Road<br>CITY-ST-ZIP Port Charlotte, FL 33981 | ☐ Change | ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |

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: _____ Sheila Doucette 2/28/07    Treasurer 941-474-6752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #