


FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90028 044 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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
DO NOT WRITE IN THIS SPACE		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
4. FEI Number 65-0526380		
Applied For <input type="checkbox"/> Not Applicable		
01112008 No Chg-NP CR2E037 (4/06)		
6. Name and Address of Current Registered Agent MILLER, GARY D. 9371 HEARTWELL VILLE AVE ENGLEWOOD, FL 34224 <i>Sheila Doucette 7403 Ebros Rd Englewood FL 34224</i>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEERS, LARRY W 8080 CASA DE MEADOWS DR. ENGLEWOOD, FL 342249509	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOUCHETTE, SHEILA 7403 EBRO RD. ENGLEWOOD, FL 34224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSTROWSKI, MADELINE 3364 HOLCOMB RD. PORT CHARLOTTE, FL 33981	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Sheila Doucette - 9/28/08</i> 941-468-2524 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		