

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90134 023 ****61.25

DOCUMENT # N02701

1. Entity Name

TAVARES LION CLUB, INC.



Principal Place of Business

1100 LAKE HARRIS DR
TAVARES FL 32778

Mailing Address

P O BOX 481
TAVARES FL 32778
US



2. Principal Place of Business

1100 Lake Harris Dr

3. Mailing Address

P.O. Box 481

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/04)

City & State

TAVARES, Florida

City & State

TAVARES, FL.

4. FEI Number

59-6169866

Applied For

Not Applicable

Zip

32778

Country

USA

Zip

32778

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COTTERILL, MARJORIE E
1320 COVE PLACE
TAVARES FL 32778

7. Name and Address of New Registered Agent

Name Marjorie E. Cotterill

Street Address (P.O. Box Number is Not Acceptable)

1320 Cove Place

City

TAVARES

FL

Zip Code

32778

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

Marjorie E. Cotterill (Marjorie E. Cotterill)

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW. FEE IS \$61.25
Due By May 1, 2005

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

TITLE ~~SD~~
NAME COTTERILL, LEWIS W ☒ Delete
STREET ADDRESS 1320 COVE PL
CITY-ST-ZIP TAVARES FL 32778

TITLE SD
NAME SHORT, ALICE ☐ Delete
STREET ADDRESS 1135 RUE DE DORE
CITY-ST-ZIP TAVARES FL

TITLE TD
NAME COTTERILL, MARJORIE ☐ Delete
STREET ADDRESS 1320 COVE PL
CITY-ST-ZIP TAVARES FL 32778

TITLE ~~SD~~
NAME LENAHA, JOSPEH ☒ Delete
STREET ADDRESS C/O 91 HILLSBOROUGH DR
CITY-ST-ZIP SORRENTO FL 32776

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~PO~~
NAME LENAHA, Joseph ☒ Change ☐ Addition
STREET ADDRESS C/O 91 HILLSBOROUGH DR.
CITY-ST-ZIP SORRENTO, FL 32776

TITLE SD
NAME Short, Alice ☐ Change ☐ Addition
STREET ADDRESS 1135 Rue De Dore
CITY-ST-ZIP TAVARES, FL 32778

TITLE TD
NAME Cotterill, Marjorie ☐ Change ☐ Addition
STREET ADDRESS 1320 Cove Pl.
CITY-ST-ZIP TAVARES, FL 32778

TITLE VP
NAME Tomlinson, William ☐ Change ☐ Addition
STREET ADDRESS 3325 Saratoga Dr.
CITY-ST-ZIP TAVARES, FL 32778

TITLE ~~SD~~
NAME Cotterill, Lewis ☐ Change ☐ Addition
STREET ADDRESS 1320 Cove Pl.
CITY-ST-ZIP TAVARES, FL 32778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: Marjorie E. Cotterill (Marjorie E. Cotterill) 4/21/05 352-343-8455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #