

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02701

FILED
Mar 19, 2009
Secretary of State

Entity Name: TAVARES LION CLUB, INC.

Current Principal Place of Business:

1100 LAKE HARRIS DR.
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

BOX 481
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-6169866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTERILL, MARJORIE E
1320 COVE PLACE
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WICAL, ANNA M
Address: 1050 FOREST DR.
City-St-Zip: TAVARES, FL 32778

Title: 2VD () Delete
Name: SHORT, ALICE
Address: 1135 RUE DEDORE
City-St-Zip: TAVARES, FL 32778

Title: TD () Delete
Name: COTTERILL, MARJORIE
Address: 1320 COVE PL
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: COTTERILL, LEWIS
Address: 1320 COVE PLACE
City-St-Zip: TAVARES, FL 32778

Title: 1VD () Delete
Name: DARITY, MARVIN
Address: 11538 LAKEEUTIS DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: BD () Delete
Name: CAMPBELL, MADELINE
Address: 7135 N. SHORE DR.
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHORT, ALICE
Address: 1135 RUE DE DORE
City-St-Zip: TAVARES, FL 32778

Title: 2VD (X) Change () Addition
Name: DARITY, MARVIN
Address: 11538 LAKE EUSTIS DR.
City-St-Zip: LEESBURG, FL 34788

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1VD (X) Change () Addition
Name: COTTERILL, LEWIS
Address: 1320 COVE PLACE
City-St-Zip: TAVARES, FL 32778

Title: SD (X) Change () Addition
Name: GRAFF, BARBARA E
Address: 3420 WEKIVA RD.
City-St-Zip: TAVARES, FL 32778

Title: BD (X) Change () Addition
Name: WICAL, ANNA M
Address: 1050 FOREST DR.
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA GRAFF

SD

03/19/2009

Electronic Signature of Signing Officer or Director

Date