

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90014 049 \*\*\*\*70.00

**DOCUMENT # N03000008934**

1. Entity Name

SILVER SPRINGS LIONS CLUB, INC.



Principal Place of Business

2169 NE 14TH ST  
OCALA FL 34470

Mailing Address

2169 NE 14TH ST  
OCALA FL 34470

2. Principal Place of Business

3570 NE 24th Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCALA FLORIDA

City & State

Zip

Country

USA

Zip

Country

4. FEI Number

20-0638560

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

LOVILL, JOHN  
2169 NE 14TH ST  
OCALA FL 34470

7. Name and Address of New Registered Agent

Name

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

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 PP  
NAME SMITH, LESTER ☒ Delete  
STREET ADDRESS 5620 SE FT KING ST.  
CITY-ST-ZIP Ocala FL 34471

TITLE BP  
NAME LOVIEL, JOHN R ☐ Delete  
STREET ADDRESS 2169 NE 14TH STREET  
CITY-ST-ZIP Ocala FL 34470

TITLE P  
NAME CHADWICK, ROBERT ☐ Delete  
STREET ADDRESS 4525 SE 12TH PLACE  
CITY-ST-ZIP Ocala FL 34471

TITLE V  
NAME CHAPMAN, WILLIAM ☐ Delete  
STREET ADDRESS 3345 NE 43 RD PL  
CITY-ST-ZIP Ocala FL 34479

TITLE BD  
NAME KOENIG, HEINRICH ☐ Delete  
STREET ADDRESS 4724 NE 7TH ST  
CITY-ST-ZIP Ocala FL 34470

TITLE T  
NAME KING, BARBARA ☐ Delete  
STREET ADDRESS 301 SW 23rd Place  
CITY-ST-ZIP Ocala, FL 34474

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Change ☒ Addition  
NAME WEST, BARBARA  
STREET ADDRESS 4520 NE 20th Ave  
CITY-ST-ZIP Ocala, FL 34479

TITLE T ☒ Change ☐ Addition  
NAME LOVIEL, JOHN R

TITLE PP ☒ Change ☐ Addition  
NAME PP

TITLE P ☒ Change ☐ Addition  
NAME P

TITLE ☐ Change ☐ Addition  
NAME

TITLE T ☐ Change ☒ Addition  
NAME KING, BARBARA  
STREET ADDRESS 301 SW 23rd Place  
CITY-ST-ZIP Ocala, FL 34474

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John R Lovell

01/30/06

(352) 629-2751