

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90056 044 \*\*\*\*70.00

DOCUMENT # N03000008934

1. Entity Name

SILVER SPRINGS LIONS CLUB, INC.



Principal Place of Business

Mailing Address

3510 NE 24TH ST  
OCALA FL 34470

2169 NE 14TH ST  
OCALA FL 34470

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5310 NE 24th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA, FL

FL

Zip  
34470

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 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVILL, JOHN  
2169 NE 14TH ST  
OCALA FL 34470

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 reinstating)

DATE

**FILE NOW: 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 S ☐ Delete  
NAME WEST, BARBARA  
STREET ADDRESS 4520 NE 20TH AVE  
CITY - ST - ZIP Ocala FL 34479

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

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

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

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

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

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

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

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

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

TITLE T ☒ Delete  
NAME KING, BARBARA  
STREET ADDRESS 301 SW 23RD PL  
CITY - ST - ZIP Ocala FL 34474

TITLE ☒ Change ☒ Addition  
NAME melissa BARCLAY  
STREET ADDRESS 2751 SE 66th PI  
CITY - ST - ZIP Ocala FL 34480

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John R Lovill* *Trustee* 02/01/07 (352) 629-2757