

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008934

FILED
Mar 28, 2009
Secretary of State

Entity Name: SILVER SPRINGS LIONS CLUB, INC.

Current Principal Place of Business:

5310 NE 24TH ST
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2169 NE 14TH ST
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-0638560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOVILL, JOHN
2169 NE 14TH ST
OCALA, FL 34470 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: P () Delete
Name: WEST, BARBARA
Address: 4520 NE 20TH AVE
City-St-Zip: Ocala, FL 34479 US

Title: T () Delete
Name: ANDERSON, PAUL
Address: 1203 SE 49TH AVENUE
City-St-Zip: Ocala, FL 34471 US

Title: PP () Delete
Name: CHAPMAN, WILLIAM
Address: 3345 NE 43 RD PL
City-St-Zip: Ocala, FL 34479 US

Title: BD () Delete
Name: KOENIG, HEINRICH
Address: 4724 NE 7TH ST
City-St-Zip: Ocala, FL 34470 US

Title: S () Delete
Name: MARTIN, JENNY
Address: 5720 NE 37TH ST
City-St-Zip: SILVER SPRINGS, FL 34488 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHAPMAN, BILL
Address: 3345 N.E. 43RD PLACE
City-St-Zip: Ocala, FL 34479 US

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

Title: PP/S (X) Change () Addition
Name: WEST, BARBARA
Address: 4520 NE 20TH AVE
City-St-Zip: Ocala, FL 34479 US

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

Title: BD (X) Change () Addition
Name: MARTIN, JENNY
Address: 5720 NE 37TH ST
City-St-Zip: SILVER SPRINGS, FL 34488 US

Title: BD () Change (X) Addition
Name: LOVILL, JOHN
Address: 2169 N.E. 14TH STREET
City-St-Zip: Ocala, FL 34470 US

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: JOHN LOVILL

BD

03/28/2009

Electronic Signature of Signing Officer or Director

Date