

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90088 049 \*\*\*\*61.25

**DOCUMENT # N03000010619**

1. Entity Name  
OCALA LIONS CLUB CHARITIES FOUNDATION, INC.



Principal Place of Business  
POST OFFICE BOX 801  
OCALA, FL 34478

Mailing Address  
POST OFFICE BOX 801  
OCALA, FL 34478

40033220



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
20-0440036

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADEL, GARRY D  
4 SOUTHEAST BROADWAY  
OCALA, FL 34471

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 reinstating)

DATE

**Filing 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

TITLE TD ☐ Delete  
NAME MATTHEWS, RON  
STREET ADDRESS 500 SOUTHEAST 48TH AVENUE  
CITY-ST-ZIP Ocala, FL 34471

TITLE PD ☐ Delete  
NAME SKUFE, JERRY  
STREET ADDRESS 557 LAKE DRIVE  
CITY-ST-ZIP Ocala, FL 34472

TITLE D ☒ Delete  
NAME HICKEN, HARRY  
STREET ADDRESS 221 S.E. 31ST TERRACE  
CITY-ST-ZIP Ocala, FL 34471

TITLE D ☒ Delete  
NAME HIGHTOWER, ROBERT  
STREET ADDRESS 754 N.E. 25TH AVENUE  
CITY-ST-ZIP Ocala, FL 34470

TITLE SD ☐ Delete  
NAME HALL, AUDREY  
STREET ADDRESS 11179 SOUTHWEST 71ST TERRACE ROAD  
CITY-ST-ZIP Ocala, FL 34476

TITLE VD ☐ Delete  
NAME SHEPHERO, JOHN  
STREET ADDRESS 4718 NORTHWEST 32ND STREET  
CITY-ST-ZIP Ocala, FL 34482

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Change ☒ Addition  
NAME Gene Pilarczyk  
STREET ADDRESS 5040 SE 17th Street  
CITY-ST-ZIP Ocala, FL 34471

TITLE VD ☐ Change ☒ Addition  
NAME Richard Lytle  
STREET ADDRESS 2415 SW 20th Terrace  
CITY-ST-ZIP Ocala, FL 34474

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

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

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

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 exemptions contained 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 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:

*Audrey Hall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-07

Date

352-732-7218

Daytime Phone #