

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010619

FILED
Apr 14, 2009
Secretary of State

Entity Name: OCALA LIONS CLUB CHARITIES FOUNDATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 801
OCALA, FL 34478

New Principal Place of Business:

4 SE BROADWAY STREET
OCALA, FL 34471

Current Mailing Address:

POST OFFICE BOX 801
OCALA, FL 34478

New Mailing Address:

FEI Number: 20-0440036 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ADEL, GARRY D
4 SOUTHEAST BROADWAY
OCALA, FL 34471 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: MD () Delete
Name: MATTHEWS, RON
Address: 500 SOUTHEAST 48TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: VP () Delete
Name: GUTMAN, GERRY
Address: 860 NE 120 PLACE
City-St-Zip: OCALA, FL 34479

Title: P () Delete
Name: PILARCZYK, GENE
Address: 5040 SE 17TH STREET
City-St-Zip: OCALA, FL 34471

Title: VP () Delete
Name: LYTLE, RICHARD
Address: 2415 SW 20TH TERRACE
City-St-Zip: OCALA, FL 34474

Title: S () Delete
Name: HALL, AUDREY
Address: 11179 SOUTHWEST 71ST TERRACE ROAD
City-St-Zip: OCALA, FL 34476

Title: VP () Delete
Name: ANDRADE, MELISSA
Address: 393 NE 58TH STREET
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MATTHEWS, RON
Address: 500 SOUTHEAST 48TH AVENUE
City-St-Zip: OCALA, FL 34471

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

Title: D (X) Change () Addition
Name: PILARCZYK, GENE
Address: 5040 SE 17TH STREET
City-St-Zip: OCALA, FL 34471

Title: P (X) Change () Addition
Name: LYTLE, RICHARD
Address: 2415 SW 20TH TERRACE
City-St-Zip: OCALA, FL 34474

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

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

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: AUDREY HALL

S

04/14/2009

Electronic Signature of Signing Officer or Director

Date