

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010619

FILED
Apr 12, 2011
Secretary of State

Entity Name: OCALA LIONS CLUB CHARITIES FOUNDATION, INC.

Current Principal Place of Business:

4 SE BROADWAY STREET
OCALA, FL 34471

New Principal Place of Business:

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: P
Name: OLIVEROS, CHARLES
Address: 4200 SW 20TH AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: VP
Name: MARKSDEMARTINO, MICHAEL J
Address: 19050 SE 47TH PLACE
City-St-Zip: MORRISTON, FL 32668 US

Title: VP
Name: SKUFE, BARBARA
Address: 557 LAKE DRIVE
City-St-Zip: OCALA, FL 34472 US

Title: VP
Name: SHASHY, DAVID M
Address: 2065 SE 32ND STREET
City-St-Zip: OCALA, FL 34471 US

Title: T
Name: SILVERMAN, CRAIG
Address: 4741 NE 10TH STREET
City-St-Zip: OCALA, FL 34470 US

Title: S
Name: HALL, AUDREY
Address: 11179 SW 71ST TERRACE ROAD
City-St-Zip: OCALA, FL 34476 US

I hereby 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 all other like empowered.

SIGNATURE: CHARLES OLIVEROS

P

04/12/2011

Electronic Signature of Signing Officer or Director

Date