

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010785

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: HAWTHORNE LIONS CLUB, INC.

## Current Principal Place of Business:

6605 SE 221ST ST.  
HAWTHORNE, FL 32640

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1680  
HAWTHORNE, FL 32640

## New Mailing Address:

FEI Number: 59-6153307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWELL, PAUL D  
260A LAWRENCE BLVD  
SUITE 201  
KEYSTONE HEIGHTS, FL 32656 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: GARLITZ, JAY  
Address: PO BOX 1333  
City-St-Zip: HAWTHORNE, FL 32640

Title: V ( ) Delete  
Name: SEGAL, JANE  
Address: 145 TWIN LAKES RD.  
City-St-Zip: HAWTHORNE, FL 32640

Title: S ( ) Delete  
Name: CROMWELL, BJ  
Address: PO BOX 1680  
City-St-Zip: HAWTHORNE, FL 32640

Title: T ( ) Delete  
Name: BOWEN, CECE  
Address: 5729 SE 230TH TERR.  
City-St-Zip: HAWTHORNE, FL 32640

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCLEOD, JOHN L  
Address: 128 SUSAN ROAD  
City-St-Zip: HAWTHORNE, FL 32640

Title: V (X) Change ( ) Addition  
Name: GARLITZ, JAY  
Address: PO BOX 1333  
City-St-Zip: HAWTHORNE, FL 32640

Title: S (X) Change ( ) Addition  
Name: TILBURY, LARRY  
Address: PO BOX 127  
City-St-Zip: HAWTHORNE, FL 32640 01

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: JAY GARLITZ

V

02/27/2009

Electronic Signature of Signing Officer or Director

Date