




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90021 021 ****61.25

DOCUMENT # N04459 1. Entity Name CRYSTAL RIVER LIONS CLUB, INC.					
Principal Place of Business 109 CRYSTAL ST. PO BOX 278 CRYSTAL RIVER, FL 34428 US			Mailing Address P O BOX 278 CRYSTAL RIVER, FL 34423 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2708468	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUMAS, BROWN JR 291 S GARADENIA TERRACE CRYSTAL RIVER, FL 34429				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable				DATE: 1-9-08 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALLIEN, HERBERT		NAME		
STREET ADDRESS	113 N POMPEO AVE		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREDERICK, STEVEN		NAME	FREDERICK, Stephen	
STREET ADDRESS	7012 W. PINEBROOK ST		STREET ADDRESS	7012 W. Pine Brook St	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUMAS, BROWN		NAME		
STREET ADDRESS	291 S. GARDENIA TERRACE		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHANDLER, LEW		NAME	Chandler, Lew	
STREET ADDRESS	7340 WEST VINEYARD DRIVE		STREET ADDRESS	7340 W. VINEYARD DR.	
CITY-ST-ZIP	HOMOSASSA, FL 34448		CITY-ST-ZIP	HOMOSASSA, FL 34448	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDENBERG, JACU		NAME	Klein, Lynn	
STREET ADDRESS	5893 W PINE CIRCLE		STREET ADDRESS	210 Jackson St	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP	Beverly Hills, FL 34465	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREDERICK, VERA		NAME	Chandler, Tonia	
STREET ADDRESS	7012 W. PINEBROOK ST.		STREET ADDRESS	7340 W. VINEYARD DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP	HOMOSASSA FL 34448	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: 1-9-08 DAYTIME PHONE: 352-195-6639		