

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90346 033 ****61.25

DOCUMENT # N05000002631					
1. Entity Name OCALA SOUTHWEST LIONS CLUB, INC.					
Principal Place of Business VW POST 4781 SW 110TH ST OCALA, FL 34476			Mailing Address 6412 SW 60TH CT OCALA, FL 34474		
2. Principal Place of Business CHAMPIONS RESTAURANT Suite, Apt. #, etc.		3. Mailing Address OCALA SOUTHWEST LIONS CLUB Suite, Apt. #, etc. 6384 SW 11TH PL			
City & State OCALA, FL		City & State OCALA, FL		4. FEI Number 51-0541280	
Zip 34474		Country USA		City OCALA	
Zip 34476		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRITTON, ROBERT H 6412 SW 60TH CT OCALA, FL 34474			7. Name and Address of New Registered Agent Name: LEONARD DOCKUS Street Address (P.O. Box Number is Not Acceptable): 6384 SW 11TH PLACE City: OCALA FL Zip Code: 34476		
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: <u>Leonard D. Dockus</u> DATE: <u>April 05, 2006</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$81.25 Due by May 1, 2006		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 P NAME BRITTON, ROBERT H STREET ADDRESS 6412 SW 60TH CT CITY-ST-ZIP OCALA, FL 34474	<input type="checkbox"/> Delete		TITLE P NAME LEONARD DOCKUS STREET ADDRESS 6384 SW 11TH PL CITY-ST-ZIP OCALA FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 1V NAME WOODS, GEORGE STREET ADDRESS 505 SE 35TH PL CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE 1V NAME ROBERT GOLDSTEIN STREET ADDRESS 5380 SW 84TH ST CITY-ST-ZIP OCALA FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BRITTON, ROSE STREET ADDRESS 6412 SW 60TH CT CITY-ST-ZIP OCALA, FL 34474	<input type="checkbox"/> Delete		TITLE S NAME RENA GOLDSTEIN STREET ADDRESS 5380 SW 84TH ST CITY-ST-ZIP OCALA FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MILLER, DONALD STREET ADDRESS 10785 SW 63RD AVE CITY-ST-ZIP OCALA, FL 34476	<input type="checkbox"/> Delete		TITLE T NAME DONALD MILLER STREET ADDRESS 10785 SW 63RD AVE CITY-ST-ZIP OCALA FL 34476	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Leonard D. Dockus</u>			<u>04/05/06 (1352) 854-9755</u> <small>Date Daytime Phone #</small>		