

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000002631

1. Entity Name

OCALA SOUTHWEST LIONS CLUB, INC.



Principal Place of Business
CHAMPIONS RESTAURANT
OCALA, FL 34474

Mailing Address
OCALA SOUTHWEST LIONS CLUB
P O BOX 772771
OCALA, FL 34477



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0541280

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOCKUS, LEONARD
6384 SW 111TH PLACE
OCALA, FL 34476

**DO NOT WRITE
IN THIS SPACE**

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

Leonard D. Dockus

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

2/13/2008

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
COUILLARD, TERRY
10972 SW 86TH CT
DUNNELLON, FL 34432

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1V
GOLDSTEIN, ROBERT
5780 SW 84TH ST
OCALA, FL 34476

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
PRINE, KERRY
16260 SW 24TH PL
OCALA, FL 34481

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
HAAS, RICHARD
7024 SW 93RD ST RD
OCALA, FL 34476

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000830153
02/26/08-80072-007 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

Terry Couillard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2008

DATE

Daytime Phone #