

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90099 002 \*\*\*\*70.00

DOCUMENT # N05000006654

1. Entity Name

SILVER SPRINGS LIONS CLUB FOUNDATION, INC.



Principal Place of Business

Mailing Address

2169 NE 14TH STREET  
OCALA FL 34470

2169 NE 14TH STREET  
OCALA FL 34470

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3825644

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVILL, JOHN  
2169 NE 14TH STREET  
OCALA FL 34470

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	MOZERT, BRUCE	PO BOX 128	SILVER SPRINGS FL 34489	<input type="checkbox"/>
V	LOVILL, JOHN	2169 NE 14TH STREET	OCALA FL 34470	<input type="checkbox"/>
S	SMITH, LESTER	5620 SE FT KING STREET	OCALA FL 34470	<input checked="" type="checkbox"/>
S	KING, BARBARA	3400 NW 44TH COURT	OCALA FL 34482	<input type="checkbox"/>
T	WEST, BARBARA	4520 NE 20th Ave	OCALA, FL 34479	<input type="checkbox"/>
BO	KOBENIC, Heinrich	4724 NE 7th St	OCALA, FL 34470	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	KING, BARBARA	3400 NW 44TH COURT	OCALA FL 34482	<input checked="" type="checkbox"/>
T	WEST, BARBARA	4520 NE 20th Ave	OCALA, FL 34479	<input checked="" type="checkbox"/>
BO	KOBENIC, Heinrich	4724 NE 7th St	OCALA, FL 34470	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John R Lovill EX-V.P.

02/01/07 (352) 629-2757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #