2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# N05000006654

Entity Name: SILVER SPRINGS LIONS CLUB FOUNDATION, INC.

Current Principal Place of Business:

5310 NE 24TH ST.
OCALA, FL 34470

New Principal Place of Business:

5310 NE 24TH ST.
OCALA, FL 34470 US

Current Mailing Address:

2169 NE 14TH STREET
OCALA, FL 34470

New Mailing Address:

FEI Number: 04-3825644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOVILL, JOHN
2169 NE 14TH STREET
OCALA, FL 34470 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: MOZERT, BRUCE
Address: PO BOX 128
City-St-Zip: SILVER SPRINGS, FL 34489

Title: V ( ) Delete
Name: LOVILL, JOHN
Address: 2169 NE 14TH STREET
City-St-Zip: OCALA, FL 34470

Title: T ( ) Delete
Name: WEST, BARBARA
Address: 4520 NE 20TH AVE
City-St-Zip: OCALA, FL 34479

Title: S ( ) Delete
Name: KING, BARBARA
Address: 3400 NW 44TH COURT
City-St-Zip: OCALA, FL 34482

Title: BD ( ) Delete
Name: KOENIG, HEINRICH
Address: 4724 NE 7TH ST
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOZERT, BRUCE
Address: PO BOX 128
City-St-Zip: SILVER SPRINGS, FL 34489 US

Title: V (X) Change ( ) Addition
Name: LOVILL, JOHN
Address: 2169 NE 14TH STREET
City-St-Zip: OCALA, FL 34470 US

Title: T (X) Change ( ) Addition
Name: WEST, BARBARA
Address: 4520 NE 20TH AVE
City-St-Zip: OCALA, FL 34479 US

Title: S (X) Change ( ) Addition
Name: CHAPMAN, WILLIAM
Address: 3345 NE 43RD PLACE
City-St-Zip: OCALA, FL 34479 US

Title: BD (X) Change ( ) Addition
Name: KOENIG, HEINRICH
Address: 4724 NE 7TH ST
City-St-Zip: OCALA, FL 34470 US

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: JOHN LOVILL VP 04/17/2008

Electronic Signature of Signing Officer or Director — Date