


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90022 044 \*\*\*\*61.25

<b>DOCUMENT # N06000006394</b>	
1. Entity Name <b>THE KISSIMMEE LIONS CLUB, INC.</b>	

Principal Place of Business <b>PO BOX 453251 KISSIMMEE, FL 34744-3251</b>	Mailing Address <b>PO BOX 453251 KISSIMMEE, FL 34744-3251</b>
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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

03122008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-4850882</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>HALEY, JOHN E 601 OLEANDER LANE KISSIMMEE, FL 34744-5253</b>	

7. Name and Address of New Registered Agent	
- 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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCHWARTZ, RICHARD 16618 DAEZA DR. WINTER GARDEN, FL 34787</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PARMENT, CLAUDIA 1635 PARKGATE DR. KISSIMMEE, FL 34746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PARMENT, CLAUDIA 1635 PARKGATE DR. KISSIMMEE, FL 34746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BRENNAN, BILL 131 PRIMA DR. KISSIMMEE, FL 34759</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MORLEY, AL 11518 LAKE WILLIS DR. KISSIMMEE, FL 34741</b> <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	<b>S BRANNAMAN, PHYLLIS 1055 W. TROPICANA CT. KISSIMMEE, FL 34741</b> <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	<b>D LEGENDRE, RONALD 2864 LAKE TOHOPEKALIGA BLVD. KISSIMMEE, FL 34746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VALDES, LORRAINE 390 BALBOA DR. KISSIMMEE, FL 34759</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAPIDO, KAREN 6410 ADAMS ST. SAINT CLOUD, FL 34771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HALEY, JOHN 601 OLEANDER LN. KISSIMMEE, FL 34744</b> <input checked="" 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:** John E Haley RA **MARCH 14, 2008** 407-932-3398  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #