

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006181

FILED  
Feb 18, 2011  
Secretary of State

**Entity Name:** THE LAKE SUMTER LIONS CHARITIES, INC.

**Current Principal Place of Business:**

1633 SHELburne LANE  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 327  
OXFORD, FL 34484 US

**New Mailing Address:**

**FEI Number:** 26-2874057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TEETSEL, ELAINE TREAS.  
1633 SHELburne LANE  
THE VILLAGES, FL 32162 US

**Name and Address of New Registered Agent:**

TEETSEL, ELAINE J TREAS.  
1633 SHELburne LANE  
THE VILLAGES, FL 32162 US

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: ELAINE J TEETSEL

02/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MRS.  
Name: NELSON, SHARON PRES.  
Address: 2040 DUVAL COURT  
City-St-Zip: THE VILLAGES, FL 32162 US

Title: MR.  
Name: TEETSEL, CLYDE A VP  
Address: 1633 SHELburne LANE  
City-St-Zip: THE VILLAGES, FL 32162 US

Title: MR  
Name: JONES, ROBERT F SECT  
Address: 292 MERCER WAY  
City-St-Zip: THE VILLAGES, FL 32162

Title: MR  
Name: REYMER, STEVE D  
Address: 1714 BLYHEWOOD LOOP  
City-St-Zip: THE VILLAGES, FL 32162 US

I hereby 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 all other like empowered.

SIGNATURE: ELAINE J TEETSEL

TREA

02/18/2011

Electronic Signature of Signing Officer or Director

Date