

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

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90028 009 ****61.25



DOCUMENT # N08139
 1. Entity Name
LIONS CLUB OF PORT ST. LUCIE, FLORIDA, INC.

Principal Place of Business Mailing Address
 PO BOX 85-7126 PO BOX 85-7126
 PORT SAINT LUCIE FL 34985 PORT SAINT LUCIE FL 34985
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
51-0153017 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HULL, JACKIE
610 MARION AVE
PORT SAINT LUCIE FL 34983

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

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	SD	<input type="checkbox"/> Delete
NAME	HULL, JACKIE	
STREET ADDRESS	610 MARION AVE.	
CITY- ST- ZIP	PORT ST LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELLAVEDOUA, JOHN	
STREET ADDRESS	102 SW MAJESTIC TERR	
CITY- ST- ZIP	PORT SAINT LUCIE FL 34984	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLLINS, CARL	
STREET ADDRESS	1792 SW COCHRAN AVE	
CITY- ST- ZIP	PORT ST LUCIE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MICKLES, DEBORA	
STREET ADDRESS	1829 SW HICKOK TERRACE	
CITY- ST- ZIP	PORT SAINT LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAPTISTE, ARTHUR	
STREET ADDRESS	1674 SE DOME CIRCLE	
CITY- ST- ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRIGHT, HAROLD	
STREET ADDRESS	5 SILVER OAK LANE	
CITY- ST- ZIP	PORT SAINT LUCIE FL 34952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLINS, CARL	
STREET ADDRESS	1792 SW COCHRAN ST	
CITY- ST- ZIP	PORT ST. LUCIE, FL 34953-1454	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mickles, Debora	
STREET ADDRESS	1829 SW Hickok Ter	
CITY- ST- ZIP	Port St. Lucie, FL 34983	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baptiste, Arthur	
STREET ADDRESS	1674 SE Dome Circle	
CITY- ST- ZIP	Port St. Lucie, FL 34952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLINS, DORIS	
STREET ADDRESS	1792 SW COCHRAN ST	
CITY- ST- ZIP	PORT ST. LUCIE, FL 34953-1454	

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: Carl Hollins - Carl Hollins 1/31/07 (772) 879-9676