


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90039 007 \*\*\*\*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 PORT SAINT LUCIE FL 34985 US**



2. Principal Place of Business - No P.O. Box #  
**1829 SW Hickock TER**

3. Mailing Address  
Suite, Apt. #, etc. **1st MOORE CR2E037 (10/07)**

City & State  
**PORT ST LUCIE FL**

4. FEI Number  
**51-0153017**

Applied For  
 Not Applicable

Zip Country  
**34983 USA**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	<b>SD HULL, JACKIE 610 MARION AVE. PORT ST LUCIE FL 34983</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DELLAVEDOUA, JOHN 102 SW MAJESTIC TERR PORT SAINT LUCIE FL 34984</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HOLLINS, CARL 1792 SW COCHRAN AVE PORT SAINT LUCIE FL 34953</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MICKLES, DEBORA 1829 SW HICKOK TERRACE PORT SAINT LUCIE FL 34983</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BAPTISTE, ARTHUR 1674 SE DOME CIRCLE PORT SAINT LUCIE FL 34952</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOLLINS, DORIS 1792 SW COCKRAN ST PORT SAINT LUCIE FL 34953</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Mickles, Debora 1829 SW Hickock Terrace Port St. Lucie FL 34983</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Baptiste, Arthur 1674 SE Dome Circle Port St. Lucie FL 34952</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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:** *C. J. Hollins* *Carl Hollins* **3/12/08** **772-879-9676**