

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08139

FILED
Mar 17, 2009
Secretary of State

Entity Name: LIONS CLUB OF PORT ST. LUCIE, FLORIDA, INC.

Current Principal Place of Business:

1829 SW HICKOCK TER
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 85-7126
PORT SAINT LUCIE, FL 34985 US

New Mailing Address:

FEI Number: 51-0153017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULL, JACKIE
610 MARION AVE
PORT SAINT LUCIE, FL 34983 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: SD () Delete
Name: HULL, JACKIE
Address: 610 MARION AVE.
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D () Delete
Name: DELLAVEDOUA, JOHN
Address: 102 SW MAJESTIC TERR
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: TD () Delete
Name: HOLLINS, CARL
Address: 1792 SW COCHRAN AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: DEBORA, MICKLES
Address: 1829 SW HICKOCK TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: BAPTISTE, ARTHUR
Address: 1674 SE DOME CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: HOLLINS, DORIS
Address: 1792 SW COCKRAN ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARL W. HOLLINS

TD

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date