

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19150

FILED  
Feb 27, 2006  
Secretary of State

Entity Name: LAKE CITY LIONS CLUB, INC.

## Current Principal Place of Business:

PO BOX 1029  
LAKE CITY, FL 320561029

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1029  
LAKE CITY, FL 320561029

## New Mailing Address:

FEI Number: 59-6153470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALEY, WILLIAM J.  
10 NORTH COLUMBIA STREET  
LAKE CITY, FL 32055 US

## Name and Address of New Registered Agent:

HALEY, WILLIAM J MR  
10 NORTH COLUMBIA STREET  
LAKE CITY, FL 32055 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: WILLIAM J HALEY

02/27/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: GEORGE, TRUETT MR  
Address: 242 SW GEORGE GLEN  
City-St-Zip: FT WHITE, FL 32038 US

Title: TD ( ) Delete  
Name: BURKE, JIM  
Address: 17811 229TH DR  
City-St-Zip: LIVE OAK, FL 320605200 US

Title: D ( ) Delete  
Name: RONSONET, NORBIE MR  
Address: 810 E DUVAL ST  
City-St-Zip: LAKE CITY, FL 32055 US

Title: PD ( ) Delete  
Name: SLAY, BUDDY MR  
Address: 450 FRONTIER DR.  
City-St-Zip: LAKE CITY, FL 32055 US

Title: SD ( ) Delete  
Name: BRADBOURNE, TREVOR MR  
Address: 301 NW CUTTER GLEN  
City-St-Zip: LAKE CITY, FL 32055 US

Title: VPD ( ) Delete  
Name: GRIFFITH, TIM MR  
Address: 412 S ALACHUA AVE  
City-St-Zip: LAKE CITY, FL 32025 US

## 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: D (X) Change ( ) Addition  
Name: SLAY, BUDDY MR  
Address: 450 FRONTIER DR.  
City-St-Zip: LAKE CITY, FL 32055 US

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

Title: PD (X) Change ( ) Addition  
Name: GRIFFITH, TIM MR  
Address: 412 S ALACHUA AVE  
City-St-Zip: LAKE CITY, FL 32025 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES W BURKE

T

02/27/2006

Electronic Signature of Signing Officer or Director

Date