

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19150

FILED
Feb 05, 2008
Secretary of State

Entity Name: LAKE CITY LIONS CLUB, INC.

Current Principal Place of Business:

116 NW COLUMBIA AVE
LAKE CITY, FL 32055

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 MR
10 NORTH COLUMBIA STREET
LAKE CITY, FL 32055 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: 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 MR
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: VPD () Delete
Name: BRADBOURNE, TREVOR MR
Address: 301 NW CUTLER GLN
City-St-Zip: LAKE CITY, FL 32055 US

Title: SD () Delete
Name: JONES, PARK MR
Address: 449 SW MONTGOMERY DR
City-St-Zip: LAKE CITY, FL 32025 US

Title: PD () Delete
Name: CARSON, TIM MR
Address: 269 SW BLUEBERRY PL
City-St-Zip: LAKE CITY, FL 32055 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: PD (X) Change () Addition
Name: BRADBOURNE, TREVOR MR
Address: 301 NW CUTLER GLN
City-St-Zip: LAKE CITY, FL 32055 US

Title: D (X) Change () Addition
Name: JONES, PARK MR
Address: 449 SW MONTGOMERY DR
City-St-Zip: LAKE CITY, FL 32025 US

Title: D (X) Change () Addition
Name: CARSON, TIM MR
Address: 269 SW BLUEBERRY PL
City-St-Zip: LAKE CITY, FL 32055 US

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: JAMES W BURKE

TREA

02/05/2008

Electronic Signature of Signing Officer or Director

Date