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

Feb 15, 2007 8:00 am DOCUMENT # N20296 **Secretary of State** 1. Entity Name 02-15-2007 90054 028 ****61.25 ARLINGTON LIONS CLUB, INC. Principal Place of Business Mailing Address 6523 COMMERCE ST JACKSONVILLE FL 32211 6523 COMMERÇE ST JACKSONVILLE FL 32211 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 4. FEI Number Applied For 59-0908738 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo Schusten GARY BEACH, ALVIN M Street Address (P.O. Box Number is Not Acceptable) 6523 COMMERCE STREET JACKSONVILLE FL 32211 6523 COMM-thee 57. Zip Code アク21/ SACKSON VILLE 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 panted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. THE Delete HITE RICHARDS, DICK 6523 COMMERCE ST. NAMI COFER, BOB NAME STREET ADDRESS 6523 COMMERCE ST STREET ADDRESS SACKSONVILLE PL. 37211 CITY ST-ZIP JACKSONVILLE FL 32211 CHY ST ZIP Delete HH Change ☐ Addition GENNETT, RICK NAME COY, DARWIN NAME 65 73 COMMENCE ST. STREET ADDRESS 6523 COMMERCE ST. STREET ADDRESS JACKSONVILL PL 32211 CITY - ST- ZIP JACKSONVILLE FL CHY-S1-719 1111.0 TITLE Delete TD ☐ Change Addition NAMI NAM BEACH, ALVIN M STREET ADDRESS STRILLI ADDRESS 6523 COMMERCE STREET CITY-ST ZIP CITY ST-71P JACKSONVILLE FL 32211 HILL Delete шп □ Change Addition NAME NAM STEELER, ROLAND D STRUET ADDRESS STREET ADDRESS 6523 COMMERCE STREET CHY SI-ZIP CHY ST 7P JACKSONVILLE FL 32211 ☐ Defete IIILL ☐ Change Addition MCGIUNEY, THOMAS 6523 COMMENCE ST. NAME NAME STREET ADDRESS STREET ADDRESS SACKSONULUE FL 32211 CITY-ST-ZIP CITY ST 7P TO Scidusten, GARY 6523 Commence ST HHE ☐ Defete THILE ☐ Change Addition NAMI NAME STRUET ADDRESS STREET ADDRESS 3/CK SON VILLE PL 32211 CITY-ST-ZIP

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:

ED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-07 9c47449844

Date Date Dayline Phone #

FILED