

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

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90011 005 ****70.00

DOCUMENT # N20296

1. Entity Name

ARLINGTON LIONS CLUB, INC.



Principal Place of Business

6523 COMMERCE ST
JACKSONVILLE FL 32211

Mailing Address

6523 COMMERCE ST
JACKSONVILLE FL 32211



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-0908738

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHUSTER, GARY
6523 COMMERCE STREET
JACKSONVILLE FL 32211

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	TYPE D	<input type="checkbox"/> Delete
NAME	RICHARDS, DICK	
STREET ADDRESS	6523 COMMERCE ST	
CITY-STATE-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, DICK	
STREET ADDRESS	6523 COMMERCE ST.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCGIUNEY, THOMAS	
STREET ADDRESS	6523 COMMERCE STREET	
CITY-STATE-ZIP	JACKSONVILLE FL 32211	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHUSTER, GARY	
STREET ADDRESS	6523 COMMERCE STREET	
CITY-STATE-ZIP	JACKSONVILLE FL 32211	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARR, JOHN	
STREET ADDRESS	6523 COMMERCE ST.	
CITY-STATE-ZIP	JACKSONVILLE FL 32211	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COFER, GARRY	
STREET ADDRESS	6523 COMMERCE ST.	
CITY-STATE-ZIP	JACKSONVILLE FL 32211	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	10 PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERNIGAN, WINSTON	
STREET ADDRESS	6523 COMMERCE ST.	
CITY-STATE-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

Gary Schuster - Gary Schuster

4-3-08 904.744.9844