

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90025 025 ****70.00

DOCUMENT # N23318

1. Entity Name

ARLINGTON LIONS CLUB HOLDING CORPORATION



Principal Place of Business

ARLINGTON LIONS CLUB HOLDING CORP.
6523 COMMERCE STREET
JACKSONVILLE FL 32211
US

Mailing Address

ARLINGTON LIONS CLUB HOLDING CORP.
6523 COMMERCE STREET
JACKSONVILLE FL 32211
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1850939

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

DOVER, THOMAS
6027 GREENBERRY LN
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 (re)appointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 P ☐ Delete
NAME DOVER, THOMAS
STREET ADDRESS 6027 GREENBERRY LN.
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE VD ☐ Delete
NAME HOWARD, PARKER
STREET ADDRESS 6523 COMMERCE ST
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE S ☒ Delete
NAME MCGARRY, JAMES R
STREET ADDRESS 4269 STAFORD WY.
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE T ☒ Delete
NAME MCGIVNEY, THOMAS J
STREET ADDRESS 12625 SHOAL CREEK LN. N.
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D ☒ Delete
NAME EWING, LARRY
STREET ADDRESS 12210 SPRINGMORE CT
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☒ Delete
NAME PRESCOTT, FRANCIS D
STREET ADDRESS 10318 DEBUTANTE DR S
CITY-ST-ZIP JACKSONVILLE FL 32246

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER ☒ Change ☐ Addition
NAME MCGarry, James R
STREET ADDRESS 4269 Stratford Way
CITY-ST-ZIP Jacksonville FL 32225

TITLE Secretary ☒ Change ☐ Addition
NAME Lamb Peter
STREET ADDRESS 2320 Fallen Tree Dr
CITY-ST-ZIP Jacksonville FL 32225

TITLE Director ☒ Change ☐ Addition
NAME Bennett Richard
STREET ADDRESS 4338 Springmoor Dr E
CITY-ST-ZIP Jacksonville FL 32225

TITLE Director ☒ Change ☐ Addition
NAME Tillis Reed
STREET ADDRESS 1715 Lilly Rd
CITY-ST-ZIP Jacksonville FL 32207

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: *James R. McGarry* James R. McGarry 1/26/06 (904) 641-6345