


2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90096 010 \*\*\*\*70.00

<b>DOCUMENT # N23318</b> 1. Entity Name <b>ARLINGTON LIONS CLUB HOLDING CORPORATION</b>					
Principal Place of Business <b>ARLINGTON LIONS CLUB HOLDING CORP.</b> <b>6523 COMMERCE STREET</b> <b>JACKSONVILLE, FL 32211 US</b>			Mailing Address <b>ARLINGTON LIONS CLUB HOLDING CORP.</b> <b>6523 COMMERCE STREET</b> <b>JACKSONVILLE, FL 32211 US</b>		
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	4. FEI Number <b>59-1850939</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DOVER, THOMAS</b> <b>6027 GREENBERRY LN</b> <b>JACKSONVILLE, FL 32211</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DOVER, THOMAS</b> <b>6027 GREENBERRY LN.</b> <b>JACKSONVILLE, FL 32211</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HOWARD, PARKER</b> <b>6523 COMMERCE ST</b> <b>JACKSONVILLE, FL 32211</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WALTER McLANAHAN</b> <b>7812 BLAKEFORD MILL LANE</b> <b>JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCGARY, JAMES R</b> <b>4269 STAFORD WY.</b> <b>JACKSONVILLE, FL 32225</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BENNETT, RICHARD A.</b> <b>4338 SPRINGMOOR DR. E.</b> <b>JACKSONVILLE, FL 32225</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PETER, LAMB</b> <b>2820 FALLEN TREE DR</b> <b>JACKSONVILLE, FL 32225</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RICHARDS, RICHARD</b> <b>1830 PAINE AVE</b> <b>JACKSONVILLE, FL 32211</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENNETT, RICHARD</b> <b>4338 SPRINGMOOR DR E</b> <b>JACKSONVILLE, FL 32225</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ERICK LEWIS</b> <b>32246 KLINE RD</b> <b>JACKSONVILLE, FL 32246</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TILLIS, REED</b> <b>1715 LILLY RD</b> <b>JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2ND VP</b> <b>DENNIS POSEY</b> <b>3205 SEARAWOOD DR.</b> <b>JACKSONVILLE, FL 32217</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					

60003311



01072007 Chg-NP CR2E037 (12/06)

# ATTACHMENT

TITLE: D  
NAME: SNELL, WILLIAM B. SR.  
ADDRESS: 14126 TOMAS PT. LN.  
CITY/ST. JACKSONVILLE, FL 32225

ADDITION 60003317  
# N23318

TITLE: D  
NAME: JERNIGAN, GENE  
2558 BREMEN CT.  
JACKSONVILLE, FL 32216

ADDITION

ADDITION