2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

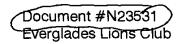
Apr 26, 2006 8:00 am Secretary of State DOCUMENT # N23531 1. Entity Name EVERGLADES LIONS CLUB, INC. 04-26-2006 90192 035 ****61.25 Principal Place of Business Mailing Address **EVERGLADES SEAFOOD DEPOT** P.O. BOX 189 40000*~~ 102 COLLIER AVENUE EVERGLADES CITY, FL 34139 EVERGLADES CITY, FL 34139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072006 Chq-NP CR2E037 (11/05) 4. FEI Number 59-6170005 City & State City & State Applied For Not Applicable Zip 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 Name BROWN, VIVIAN N Street Address (P.O. Box Number is Not Acceptable) 110 CAMILLA ST PO BOX 189 EVERGLADES CITY, FL 34139 Zip Code Fi 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 Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. \$ 11. TITLE " ☐ Delete TITLE ☐ Change ☐ Addition BROWN, VIVIAN N NAME NAME STREET ADDRESS 110 CAMILLA ST, PO BOX 189 STREET ADDRESS CITY-ST-ZIP EVERGLADES CITY, FL 34139 CITY-ST-ZIP VΡ Change ☐ Addition TITLE ☐ Delete PARKER, ARITA PARKER, ARITA NAME NAME 247 SWAINST, POBOX 325 STREET ADDRESS 802 SW COPELAND AVE., LOT 3 STREET ADDRESS CITY-ST-7IP EVERGLADES CITY, FL 34139 CITY - ST-ZIP EVERGLADES CITY, FL 34139 Change TITLE ☐ Delete TITLE ☐ Addition MIDDELSTAEDT, ELAINE H NAME NAME 410 S STORTER AV, PO BOX 277 STREET ADDRESS STREET ADDRESS EVERGLADES CITY, FL 34139 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE WELLS, ROBERT J 210 S. COPELAND AV, POBOX 250 WELLS, ROBERT J NAME NAME 409 ALLEN AVENUE, PO BOX 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **EVERGLADES CITY, FL 34139** CITY-ST-782 EVERGLADES COTY, FL34139 TITLE **⊠** Delete TITLE Change **Addition** PENNELL, JACK FROST, ELIZABETH NAME NAME 34 FLAMINGO DR, POBOX 513 STREET ADDRESS 75 W FLAMINGO DR, PO BOX 333 STREET ADDRESS CITY-ST-ZIP **EVERGLADES CITY, FL 34139** CITY-ST-ZIP EVERGLADES CITY, FL 34139 ☐ Delete TITLE Addition TIFFT, FRANCES TIFFT, FRANCES NAME NAME 210 S. COPELAND AV. POBOX 97 777 COPELAND AVENUE STREET ADDRESS STREET ADDRESS EVERGLADES CITY, FL CITY-ST-ZIP CITY- ST-7IP EVERGLADES CITY, FL 34139 34139

FILED

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.

Elaine H. Middelstaedt 4/19/06. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT



40063190

Line 11

Addition/Changes to Officers and Driectors in 10

Addition:

D Wells, Alice V 210 S Copeland Av, PO Box 250 Everglades City, FL 34139

Addition:

D Thomas, James B 343 Smallwood Dr Chokoloskee, FL 34138