


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90116 043 ****61.25

DOCUMENT # N23531 1. Entity Name EVERGLADES LIONS CLUB, INC.	
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40101550



Principal Place of Business EVERGLADES SEAFOOD DEPOT 102 COLLIER AVENUE EVERGLADES CITY, FL 34139	Mailing Address P.O. BOX 189 EVERGLADES CITY, FL 34139
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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04272007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6170005	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, VIVIAN N 110 CAMILLA ST PO BOX 189 EVERGLADES CITY, FL 34139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, VIVIAN N 110 CAMILLA ST, PO BOX 189 EVERGLADES CITY, FL 34139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, ARITA 247 SWAIN ST POB 325 EVERGLADES CITY, FL 34139 <input checked="" 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	ST MIDDELSTAEDT, ELAINE H 410 S STORTER AV, PO BOX 277 EVERGLADES CITY, FL 34139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, ROBERT J 210 S COPELAND AVE POB 250 EVERGLADES CITY, FL 34139 <input checked="" 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	VP PENNEL, JACK 34 FLAMINGO DR POB 513 EVERGLADES CITY, FL 34139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIFT, FRANCES 210 S COPELAND AVE POB 97 EVERGLADES CITY, FL 34139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.

SIGNATURE: Elaine Middelstaedt Elaine Middelstaedt 4/30/07 239-695-2695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Document #N23531
Everglades Lions Club

ATTACHMENT

40101958

Line 11

Addition/Changes to Officers and Directors in 10

Addition:

P

Weber, Larry

61 W Flamingo Dr PO Box 178

Everglades City, FL 34139

Addition

V

Barnes, Robin

61 W Flamingo Dr PO Box 178

Everglades City, FL 34139

Addition:

S

Brookbank, Helena

509 N. Copeland Av, PO Box 371

Everglades City, FL 34139

Addition:

D

Thomas, Winifred

343 Smallwood Dr PO Box 908

Chokoloskee, FL 34138

Addition:

D

Thomas, James

343 Smallwood Dr PO Box 908

Chokoloskee, FL 34138