


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90173 010 ****61.25

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

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 #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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00032917



04282008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6170005	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 <u>ELAINE H. MIDDELSTAEDT</u> Street Address (P.O. Box Number is Not Acceptable) <u>410 S Storter Av, POB 277</u> City <u>EVERGLADES CITY</u> FL Zip Code <u>34139</u>
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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 Elaine H. Middelstaedt Elaine H. Middelstaedt 4/28/08
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, VIVIAN N 110 CAMILLA ST, PO BOX 189 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	T 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	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PENNEL, JACK 34 FLAMINGO DR POB 513 EVERGLADES CITY, FL 34139 <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	D TIFT, FRANCES 210 S COPELAND AVE POB 97 EVERGLADES CITY, FL 34139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TIFT, FRANCES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PARKER, ARITA 247 SWAIN ST COPELAND, FL 34137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 H. Middelstaedt Elaine H. Middelstaedt 4/28/08 239-695-2695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #