


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N24197
 1. Entity Name
SOUTH DAYTONA LIONS CLUB, INC.



Principal Place of Business
 P.O. BOX 4512
 SOUTH DAYTONA, FL 32121

Mailing Address
 P.O. BOX 4512
 SOUTH DAYTONA, FL 32121

DO NOT WRITE IN THIS SPACE



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2356163	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYD, RICHARD
 1942 FERN PLACE
 SOUTH DAYTONA, FL 32119

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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: Richard Boyd Richard Boyd 1/19/05
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, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEIZEAR, GLEN 600 WILDER BLVD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCADOVY, JOE 2308 CITRUS AVE SO. DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONCASTER, BOB 6187 YELLOWSTONE DR PT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/28/05-80018-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Glen A. Leizar GLEN A. LEIZEAR 1/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #