


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N24197

1. Entity Name
 SOUTH DAYTONA LIONS CLUB, INC.



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 59-2356163 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYD, RICHARD
 1942 FERN PLACE
 SOUTH DAYTONA, FL 32119

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

100000420423
 02/15/06-80055-023 61.25

DO NOT WRITE IN THIS SPACE

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: *Glen A. Leizear* Glen A. Leizear 2/1/06 386-257-0727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #