

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
 P.O. BOX 4512
 SOUTH DAYTONA, FL 32121

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



01252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2356163 Applied For 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 #