


**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

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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 \_\_\_\_\_ 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	

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00000420423  
 02/15/06-80055-023 61.25

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      Date: 2/1/06      Daytime Phone #: 386-257-0727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR