


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90443 034 \*\*\*\*61.25

<b>DOCUMENT # N24491</b> 1. Entity Name <b>SANFORD LAKESIDE LIONS CLUB, INC.</b>	
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Principal Place of Business <b>121 SAND PINE CIRCLE SANFORD FL 32773 US</b>	Mailing Address <b>PO BOX 12 SANFORD FL 32772 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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 1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-6170084</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>HAMMACK, LENORE 121 SAND PINE CIRCLE SANFORD FL 32773</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEE, JIM</b> <b>P.O. BOX 1772</b> <b>SANFORD FL 32772</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>chuck Hammack</b> <b>121 sand pine circle</b> <b>Sanford, FL 32773</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BURGARD, KATRINA</b> <b>617 APPLGATE TERRACE</b> <b>DELTONA FL 32725</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Matt Altemose</b> <b>314 Forrest Drive</b> <b>Sanford, FL 32773</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1V--</b> <b>KIPKE, BETTIE</b> <b>309 W 16TH STREET</b> <b>SANFORD FL 32771</b>	<input type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HAMMACK, LENORE</b> <b>121 SAND PINE CIRCLE</b> <b>SANFORD FL 32773</b>	<input type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FITZGERALD, BERNARD</b> <b>310 WILSON PLACE DRIVE</b> <b>SANFORD FL 32771</b>	<input type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OWEN, RON</b> <b>1161 NAOMI LANE</b> <b>SANFORD FL 32773</b>	<input type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Lenore Hammack, Treasurer 4/25/05 (407) 330-7458  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #