2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-18-2007 90029 019 ****61.25
N24491

FILED
07 MAY 23 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24491

1. Entity Name
SANFORD LAKESIDE LIONS CLUB, INC.

Principal Place of Business	Mailing Address
121 SAND PINE CIRCLE SANFORD, FL 32773 US	PO BOX 12 SANFORD, FL 32772 US

05162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-6170084
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAMMACK, LENORE 121 SAND PINE CIRCLE SANFORD, FL 32773	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Lenore E. Hammack, Treasurer of the Sanford Lakeside Lions Club DATE: 5/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALTEMOSE, TIFFANY 214 FORREST DRIVE SANFORD, FL 32773	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Sam Loper 2104 Codova Drive Sanford, FL 32771 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALTEMOSA, MATT 214 FORREST DRIVE SANFORD, FL 32773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	please correct the spelling of last name- Altemose ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1V LOPER, SAM 2104 CODOVA DRIVE SANFORD, FL 32771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1 V.P. David Hall 2705 South Sanford Ave. Sanford, FL 32773 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAMMACK, LENORE 121 SAND PINE CIRCLE SANFORD, FL 32773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FITZGERALD, BERNARD 310 WILSON PLACE DRIVE SANFORD, FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMMACK, CHARLES R 121 SAND PINE CIRCLE SANFORD, FL 32773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Lenore E. Hammack - Lenore E. Hammack (Yon) 330-7458