2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27368

FILED Apr 13, 2006 Secretary of State

Entity Name: LIONS CLUB OF CAPE CORAL, FLORIDA, INCORPORATED

Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:			
151 CAPE (CORAL PKWY.	W	3101 SE.10 HOUSE	3101 SE.10TH. PL.			
	RAL, FL 33910			CAPE CORAL, FL 33904			
Current Ma	ailing Address	:	New Maili	New Mailing Address:			
151 CAPE CORAL PKWY. W				3101 SE. 10TH.PL.			
104 CAPE CORAL, FL 33910			HOUSE CAPE COF	CAPE CORAL, FL 33904			
El Number:	65-0064328	FEI Number Applied For ()	El Number Not Appl	icable () C	Certificate of Status Des	ired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of Nev	w Registered Agent	t:	
MARSDEN				KILGORE, LOIS , A,			
151 CAPE (104	CORAQL PKW	Y. W		3101 SE. 10TH. PL. HOUSE			
	RAL, FL 33914	US		CAPE CORAL, FL 33904 US			
The above n the State		ubmits this statement for the purp	ose of changing it	ts registered offic	ce or registered ager	nt, or both,	
SIGNATURE: LOIS ,A, KILGORE				04/13/2006			
	Electronic	Signature of Registered Agent			Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Address: City-St-Zip:	PD ()E MCCABE, JOSEF 2013 SE.26TH. T CAPE CORAL, FI	ERRACE	Title: Name: Address: City-St-Zip:	() Cl	hange () Addition		
Fitle: Name: Address: City-St-Zip:		Delete LD E PL.	Title: Name: Address: City-St-Zip:	() Cl	hange ()Addition		
Fitle: Name: Address: City-St-Zip:	MARSDEN, LUC	L PKWY. W #104	Title: Name: Address: City-St-Zip:	SEC. (X) C KILGORE, LOIS , 3101 SE.10TH. PL CAPE CORAL, FL			
Fitle: Name: Address: City-St-Zip:	TD () [MCCABE, GENE 2013 SE. 26TH. CAPE CORAL, FI	TERRACE	Title: Name: Address: City-St-Zip:	() Cl	hange () Addition		
Fitle: Name: Address: City-St-Zip:	DIR. () E FINKBEINER, CL 3901 SE. 9TH,CT CAPE CORAL,, F	. .	Title: Name: Address: City-St-Zip:	DIR. (X) C MARSDEN, LUCY 151 CAPE CORAL CAPE CORAL,, FL	PKWY.W.		
Fitle: Name: Address: City-St-Zip:	DIR () E BLOCK, JOANN 111 SW. 39TH. S CAPE CORAL, FI		Title: Name: Address: City-St-Zip:	DIR (X) C WILSON, ALLEN 5325 MALALUKA CAPE CORAL, FL	hange () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH MCCABE LION 04/13/2006