

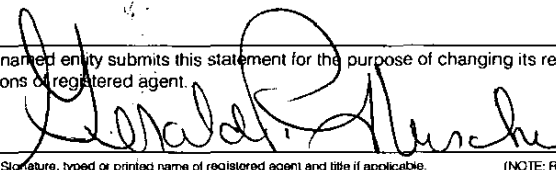
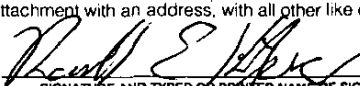


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90099 022 ****61.25

DOCUMENT # N27368 1. Entity Name LIONS CLUB OF CAPE CORAL, FLORIDA, INCORPORATED					
Principal Place of Business 3101 SE 10TH PLACE HOUSE CAPE CORAL, FL 33904			Mailing Address 3101 SE 10TH PLACE HOUSE CAPE CORAL, FL 33904		
2. Principal Place of Business - No P.O. Box # 631 S.E. 34th St.		3. Mailing Address 631 S.E. 34th St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cape Coral		City & State Cape Coral			
Zip 33904		Country Lee		4. FEI Number 65-0064328	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KILGORE, RONALD E 3101 SE 10TH PLACE HOUSE CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Fleischer, Geraldine Street Address (P.O. Box Number is Not Acceptable) 631 S.E. 34th St. City Cape Coral FL Zip Code 33904		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PRES KILGORE, RONALD E 3101 SE 10TH PLACE CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fleischer, Geraldine <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 631 S.E. 34th St. Cape Coral, Fl. 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSEN, RICHARD 213 NE 22ND AVE CAPE CORAL, FL 33909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WILSON, ALLEN 5325 MALALUKA CT. CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MCCABE, GENEVIEVE W 2013 SE. 26TH. TERRACE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. MARSDEN, LUCY 151 CAPE CORAL PKWY.W.#107 CAPE CORAL,, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SCOTT, CHARLOTTE 1333 SANTA BARBARA BLVD CAPE CORAL, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/10/08 239-5485378 <small>Daytime Phone #</small>		