

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27368

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

631 SE 34TH STREET
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

631 SE 34TH STREET
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 65-0064328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEISCHER, GERALDINE
631 S. E. 34TH STREET
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FLEISCHER, GERALDINE
Address: 631 S.E. 34TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: ANDERSEN, RIRICHARD
Address: 213 NE 22ND AVE
City-St-Zip: CAPE CORAL, FL 33909

Title: SEC () Delete
Name: WILSON, ALLEN
Address: 5325 MALALUKA CT.
City-St-Zip: CAPE CORAL, FL 33904

Title: TRES () Delete
Name: MCCABE, GENEVIEVE W
Address: 2013 SE. 26TH. TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: DIR. () Delete
Name: MARSDEN, LUCY
Address: 151 CAPE CORAL PKWY.W.#107
City-St-Zip: CAPE CORAL,, FL 33914

Title: DIR () Delete
Name: SCOTT, CHARLOTTE
Address: 1333 SANTA BARBARA BLVD
City-St-Zip: CAPE CORAL, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: G.FLEISCHER

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date