

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90049 048 ****61.25

DOCUMENT # N27925

1. Entity Name
LOCKHART LIONS CLUB, INC.



Principal Place of Business
**7406 EDGEWATER DRIVE
ORLANDO, FL 32810**

Mailing Address
**7406 EDGEWATER DRIVE
ORLANDO, FL 32810 US**

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-6170066

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SAPP, JOHN W.
7404 EDGEWATER DRIVE
ORLANDO, FL 32810**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE **PD** ☐ Delete
NAME **KINDSTROM, ARVADA**
STREET ADDRESS **2536 RECTOR AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE **SD** ☐ Delete
NAME **SCHLEIHAUF, CHERYL**
STREET ADDRESS **586 BRANTLEY TERRACE WAY UNIT 107**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **TD** ☐ Delete
NAME **SAPP, JOHN W**
STREET ADDRESS **4207 LAKE LOCKHART DR.**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **HOWARD Duncan**
STREET ADDRESS **8081 Stone Rd**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **SD** ☒ Change ☐ Addition
NAME **ANGELA BUSH**
STREET ADDRESS **7527 MOTT AVE.**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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 *John W. Sapp T.D.*