


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90203 037 \*\*\*\*70.00

|   |   |
|---|---|
| <b>DOCUMENT # N28438</b>                            |  |
| 1. Entity Name<br><b>HALF MOON LIONS CLUB, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2220 S.E. 172ND TERR<br/>SILVER SPRINGS FL 24488<br/>US</b> | Mailing Address<br><b>2220 S.E. 172ND TERR<br/>SILVER SPRINGS FL 34488<br/>US</b> |
|---|---|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|   |   |
|---|---|
| 5. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|

|  |   |
|--|---|
| <b>LEE, EDITH A</b><br><b>2220 S.E. 172ND TERR</b><br><b>SILVER SPRINGS FL 34488</b> | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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 | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

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| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be</b><br><b>Added to Fees</b> | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>EDITH, LEE A<br>2220 SE 17TH TERRACE<br>SILVER SPRINGS FL 34488<br><input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCDONALD, STELLA<br>8605 NE 153RD AVE<br>SILVER SPRINGS FL 34488<br><input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JORGENSEN, CHARLES<br>16962 S.E. 65TH PLACE<br>OCKLAWAHA FL 32179<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>JORGENSEN, LAURIE<br>16962 SE 65TH PLACE<br>OCKLAWAHA FL 32179<br><input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MATYLEWICZ, JUDY<br>180 20 SE 17TH ST<br>SILVER SPRINGS FL 34488<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SMITH, MARTIN<br>16939 SE 14TH ST RD<br>SILVER SPRINGS FL 34488<br><input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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.

|   |                                     |
|---|-------------------------------------|
| <b>SIGNATURE:</b> <i>Edith A. Lee</i> <b>EDITH A. LEE</b>                         | <b>4-20-04 (352) 625-7388</b>       |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |

66421359



MOORE CR2E037 (11/03)

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| 4. FEI Number<br><b>58-1614150</b><br><b>AP-PLIED FOR</b> | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
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|--|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional</b><br><b>Fee Required</b> |
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