

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90049 003 ****70.00

DOCUMENT # N28438

1. Entity Name

HALF MOON LIONS CLUB, INC.



Principal Place of Business

2220 S.E. 172ND TERR
SILVER SPRINGS FL 24488
US

Mailing Address

2220 S.E. 172ND TERR
SILVER SPRINGS FL 34488
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1614155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, EDITH A
2220 S.E. 172ND TERR
SILVER SPRINGS FL 34488

7. Name and Address of New Registered Agent

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

FILE NOW: 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	<input type="checkbox"/> Delete
NAME	EDITH, LEE A	
STREET ADDRESS	2220 SE 17TH TERRACE	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENNYBAKER, PEGGY	
STREET ADDRESS	16939 SE 14TH ST RD	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORGENSEN, CHARLES	
STREET ADDRESS	16962 S.E. 65TH PLACE	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JORGENSEN, LAURIE	
STREET ADDRESS	16962 SE 65TH PLACE	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MATYLEWICZ, JUDY	
STREET ADDRESS	180 20 SE 17TH ST	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARTHA	
STREET ADDRESS	16939 SE 14TH ST RD	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Edith Lee EDITH LEE Pres.

2-8-06 (352)625-7388