2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 27, 2007 8:00 am **Secretary of State** DOCUMENT # N28663 1. Entity Name 03-27-2007 90016 005 ****61.25 NAPLES NITES LIONS CLUB, INC. Principal Place of Business Mailing Address PO BOX 2941 PO BOX 2941 NAPLES FL 34106 NAPLES FL 34106 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 23-7113158 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COMER ARTHUR, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 4200 22ND PLACE SW NAPLES FL 34116 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. DOMER SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SEC. WOOMER 1001 Delete шн □ Change Addition WOOMER, VALERIE LANE 2270A AKChORAGE LANE GRIFFIS, SUZAN NAM STREET ADDRESS 158 ROOKERY RD STREET ADDRESS NAPLES, FL. 34164 CITY ST-7IP NAPLES FL 34114 CITY ST 7/P Delete TOTAL Addition Change SENGHAS SHANE 1420 PENZANCE BLVD. #5002 NAM SENGHAAS, SHANE NAMI STREET ADDRESS 15037 SPINNAKER CT STREEFADDRESS CHY ST-ZIP NAPLES FL 34119 CHY ST ZIP Delete Imi ☐ Change ☐ Addition NAMI NAME WOOMER, ROBERT STREET ADDRESS STREET ADDRESS 2270 A ANCHORAGE LANE CHY S1-7IP CHY ST ZIP NAPLES FL 34104 mu ☐ Delete Change ☐ Addition NAME STREET ADDRESS SIREE LADDRESS CITY ST ZIP CHY ST 7/P HIII ☐ Delete HILL Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST ZIP TILLE ☐ Delete ши ☐ Change ■ Addition NAME STREET ADDRESS STRUET ADDRESS CHY-S1-ZIP CHY-ST-7IP

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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 eath; 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: KOBERT