


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90121 037 ****61.25

DOCUMENT # N34090 1. Entity Name BAREFOOT BAY LIONS CLUB, INC.					
Principal Place of Business COMMUNITY CENTER VETERANS WAY BAREFOOT BAY, FL 32976 US			Mailing Address PO BOX 779-115 BAREFOOT BAY, FL 32976 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
02222006 Chg-NP CR2E037 (11/05)			4. FEI Number 59-2972112		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent BURNS, EDITH M 917 DOGWOOD DRIVE BAREFOOT BAY, FL 32976			7. Name and Address of New Registered Agent Name <u>DONNA BOURCHSENIOUS</u> Street Address (P.O. Box Number is Not Acceptable) <u>633 PERIWINKLE CIRCLE</u> City <u>BAREFOOT BAY</u> <u>FL</u> Zip Code <u>32976</u>		
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 <u>Donna Borchsenius</u> ✓ April 8, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNS, EDITH M 917 DOGWOOD DR BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONNA BOURCHSENIOUS 633 PERIWINKLE CIRCLE BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEGAN, MARIE 915 HYACINTH CIR BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEGGY CALLAHAN 709 OLEANDER CIRCLE BAREFOOT BAY, FL 32976	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRUTCHFIELD, MARIE 918 HYACINTH CIR BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRUTCHFIELD, MARIE 918 HYACINTH CIRCLE BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONTE, KATHLEEN 353 B SO WINBROW DR SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURNS, John T 917 DOGWOOD DRIVE BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, JOHN T 917 DOGWOOD DR BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GERALDINE BRABENAC 636 PERIWINKLE CIRCLE BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, GAIL 607 MARLIN CIR BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HELEN TIMMONS 940 JABBARANDA DRIVE BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Donna Borchsenius</u> April 8, 2006 712) 663-3098 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					