

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2007 08:00 AM
Secretary of State**

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**



01202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2972112
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOURCHSENIUS, DONNA
633 PERIWINKLE CIRCLE
BAREFOOT BAY, FL 32976**

**DO NOT WRITE
IN THIS SPACE**

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 resetting)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE P
NAME BOURCHSENIUS, DONNA
STREET ADDRESS 633 PERIWINKLE CIRCLE
CITY-ST-ZIP BAREFOOT BAY, FL 32976**

**TITLE VP
NAME CALLAHAN, PEGGY
STREET ADDRESS 709 OLEANDER CIRCLE
CITY-ST-ZIP BAREFOOT BAY, FL 32976**

**TITLE T
NAME CRUTCHFIELD, MARIE
STREET ADDRESS 918 HYACINTH CIR
CITY-ST-ZIP BAREFOOT BAY, FL 32976**

**TITLE S
NAME BURNS, JOHN T
STREET ADDRESS 917 DOGWOOD DRIVE
CITY-ST-ZIP BAREFOOT BAY, FL 32976**

**TITLE DIR
NAME BRABENNE, GERALDINE
STREET ADDRESS 636 PERIWINKLE CIRCLE
CITY-ST-ZIP BAREFOOT BAY, FL 32976**

**TITLE DIR
NAME TIMMONS, HELEN
STREET ADDRESS 940 JACARANDA DRIVE
CITY-ST-ZIP BAREFOOT BAY, FL 32976**

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02/14/07-80066-013 61.25

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IN THIS SPACE**

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: Donna Borchsenius Donna Borchsenius

2/4/07

(772) 663-3098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #