


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90029 023 \*\*\*\*61.25

<b>DOCUMENT # N34090</b> 1. Entity Name <b>BAREFOOT BAY LIONS CLUB, INC.</b>		
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Principal Place of Business <b>COMMUNITY CENTER VETERANS WAY BAREFOOT BAY, FL 32976 US</b>	Mailing Address <b>PO BOX 779-115 BAREFOOT BAY, FL 32976 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01152008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2972112</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BOURCHSENIUS, DONNA 633 PERIWINKLE CIRCLE BAREFOOT BAY, FL 32976</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURCHSENIUS, DONNA	NAME	
STREET ADDRESS	633 PERIWINKLE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, PEGGY	NAME	<b>CHARLES MERSON</b>
STREET ADDRESS	709 OLEANDER CIRCLE	STREET ADDRESS	<b>1200 WATERWAY</b>
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	CITY-ST-ZIP	<b>BAREFOOT BAY-FL-32976</b>
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUTCHFIELD, MARIE	NAME	
STREET ADDRESS	918 HYACINTH CIR	STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, JOHN T	NAME	<b>MARY JOANNE MERSON</b>
STREET ADDRESS	917 DOGWOOD DRIVE	STREET ADDRESS	<b>1200 Waterway Drive</b>
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	CITY-ST-ZIP	<b>Barefoot Bay FL 32976</b>
TITLE	DIR <input checked="" type="checkbox"/> Delete	TITLE	DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRABENNE, GERALDINE	NAME	<b>ROBERT BATES</b>
STREET ADDRESS	636 PERIWINKLE CIRCLE	STREET ADDRESS	<b>607 Martin Circle</b>
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	CITY-ST-ZIP	<b>Barefoot Bay FL 32976</b>
TITLE	DIR <input checked="" type="checkbox"/> Delete	TITLE	DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMONS, HELEN	NAME	<b>MARY MCCREA</b>
STREET ADDRESS	940 JACARANDA DRIVE	STREET ADDRESS	<b>1313 Gardenia Drive</b>
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	CITY-ST-ZIP	<b>Barefoot Bay FL 32976</b>

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: MARY JOANNE MERSON 01/17/2008 772 6642122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #