


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N43374	
1. Entity Name LIONS OF WEST PASCO AND CLARA S. ANDERSON CHARITABLE CORPORATION	

Principal Place of Business 8320 PLATHE ROAD NEW PORT RICHEY, FL 34653	Mailing Address P. O. BOX 2037 NEW PORT RICHEY, FL 34656-2037 US
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DO NOT WRITE IN THIS SPACE



01162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3065085	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUBER, KENNETH E 11538 LAKEVIEW DRIVE NEW PORT RICHEY, FL 34654

**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

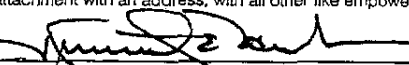
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, HOWELL 9227 GLENMOOR LANE PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUBER, KENNETH E 11538 LAKEVIEW DRIVE NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEILL, CHERYL 5604 ANTELOPE LANE NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCFARLANE, LEONARD 12200 LACEY DRIVE NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11770000191297
01/24/05-80158-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **1/16/05 (727) 846-0066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Kenneth E. Huber