## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N43374

1. Entity Name LIONS OF WEST PASCO AND CLARA S. ANDERSON





Principal Place of Sustrianss	CHARITA	ABLE CORPORATION			TI ST					
Sulle, ADL 6, etc.    Sulle, ADL 6, etc.   Sulle, A	8320 PLATHE ROAD		P. O. BOX 2037			<b>4</b> 0				
Sulle, Apt. #, etc.    Sulle, Apt. #, etc.	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
City & State  Country  Country  Country  Special Country  Country  Special City & State  State Country  State City & State  State City & State City	, , , , , , , , , , , , , , , , , , ,		e. Walling Address			1 18411191 811	EIGEN ISIBE IIIII IENS	F E/E/ B/B// E/B//	CON ETEN CION SIG	COUNTY OF THE
September   Sept	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072008	Chg-NP	CR2E	037 (12/06)	
S. Name and Address of Current Registered Agent  HUBER, KENNETH E 13011 WESTERN CIRCLE BAYONET POINT, FL 34667  Street Address (P.O. Box Number is Not Acceptable)  Cky  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Cky  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Dispute the colligation of registered agent, or both, in the State of Fords. I am familiar with, and accept the colligation of registered agent, or both, in the State of Fords. I am familiar with, and accept the colligation of registered agent, or both, in the State of Fords. I am familiar with, and accept the colligation of registered agent, or both, in the State of Fords. I am familiar with, and accept the colligation of registered agent.  FHIng Fee is \$61.25  Due by May 1, 2008  SIGNATURE  FHIng Fee is \$61.25  Due by May 1, 2008  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  ITIL  NAME  LEE, HOWELL	City & State		City & State							
HUBER, KENNETH E 13011 WESTERN CIRCLE BAYONET POINT, FL 34667  City FL Zip Code  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fornica, 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature Filing Fee is 361.25  Due by May 1, 2008  PRICE Registered Agent exprassor required report and the approache for the purpose of changing is registered office or registered agent, or both, in the State of Fornica, 1 am familiar with, and accept the obligations of registered agent.  Filing Fee is 361.25  Due by May 1, 2008  PRICE Registered Agent exprassor required required agent and the approache for approach for expression required required required agent agent agent agent agent exprassor required required required agent	Zip	Country	Zip	Country		. Certificate	of Status Desire	ed 🔲	\$8.75 Add Fee Require	ditional ed
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipators of registere		6. Name and Address of Current F	Registered Agent	Nama	7	. Name and	Address of Ne	w Registere	d Agent	
BAYONET POINT, FL 34667  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 Fiorida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SUBMALIAND FOR IS \$61.25  Due by May 1, 2008  PILITE FOR IS \$61.25  Due by May 1, 2008  PILITE FOR IS \$61.25  Due by May 1, 2008  PILITE FOR IS \$61.25  Due by May 1, 2008  PILITE FOR IS \$61.25  Due by May 1, 2008  POPTICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  POPTICERS AND DIRECTORS IN 10  POPTICE AND DIRECTORS IN 10  POPTICERS AND DIRECTORS IN 1	HUBER, K	ENNETH E		Name						
B. 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, hyad or privated water of registered agent and time 4 aportcable.   (NOTE Registered Agent agenture way) and when rematating)   DATE				Street Addres		). Box Numbe	er is Not Accept	able)		
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, 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature hypot or printed name of imposered agent and the flagoricable.   (NOTE Registered Agent explained require registered agent, or both, in the State of Florida, 1 am familiar with, and accept the obligations of registered agent.    Signature hypot or printed name of imposered agent and the flagoricable.   (NOTE Registered Agent explained require registered agent, or both, in the State of Florida, 1 am familiar with, and accept the obligations of registered agent.   Obstitute of the obligations of registered agent of registere				City	· · · · · · · · · · · · · · · · · ·				Zip Cod	e
THE Obligations of registered agent.    Signature, hybrid or printed name of registered agent and title of applicable. (NOTE Registered Agent equative required when renations)   Pare   Section Campaign Financing   S.5.00 May Be Added to Fees   Make check payable to Florida Department of State	P The above	parmod antity submits this statement for	the oursess of changing its re	acistored office or	ragistarad	sant a hat	h in the State o	<del></del>		and second
Signature, hyper or printer reams of represented agent and time 4 appaicable.   NOTE: Requisition Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   Make check payable to Florida Department of State			the purpose of changing its fe	agistered office of	registered	agent, or bot	n, in the state o	n Fioricia. Ta	интанчиа мил,	and accept
Signature, hyper or printer reams of represented agent and time 4 appaicable.   NOTE: Requisition Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   Make check payable to Florida Department of State										
Trust Fund Contribution.    Added to Fees   Florida Department of State	SIGNATURE .		ind title if applicable. (NOTE: I	Registered Agent signali	ure required whe	en reinstating)		DAT	E	
Trust Fund Contribution.    Added to Fees   Florida Department of State	<u> </u>									
TITLE NAME LEE, HOWELL STREET ADDRESS CITY-ST-ZIP PORT RICHEY, FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CIT	-	Filing Fee is \$61.25			\$	 5.00 мау в	e			
NAME STREET ADDRESS CITY-ST-ZP FILE ST HUBER, KENNETH E STETT ADDRESS CITY-ST-ZP BAYONET, FL 34667  TITLE MCNAME MCNEILL, CHERYL STREET ADDRESS CITY-ST-ZP MCARLANE, LEONARD TITLE NAME STREET ADDRESS CITY-ST-ZP MCARLANE, LEONARD TITLE NAME MCARLANE, LEONARD TITLE NAME MCARLANE, LEONARD TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME MCY-ST-ZP NEW PORT RICHEY, FL 34654  TITLE NAME STREET ADDRESS CITY-ST-ZP THUBSON THE TADDRESS TREET ADDRESS CITY-ST-ZP THUBSON THE TADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS CITY-ST-ZP THUBSON THE TADDRESS TREET ADDRESS TREET A	-	Due by May 1, 2008	Trust Fund Co		LJ A	ided to Fees		Florida Dep	ertment of S	tate
STREET ADDRESS CITY-ST-ZP CITY-ST		Due by May 1, 2008 OFFICERS AND DIR	Trust Fund Co	ntribution.	L Ad	ided to Fees	ANGES TO OFF	Florida Dep	DIRECTORS IN	tate
TITLE NAME HUBER, KENNETH E STRET ADDRESS CITY-ST-ZIP BAYONET, FL 34667  TITLE NAME MCNEILL, CHERYL STRET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34653  TITLE NAME MCFARLANE, LEONARD STRET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654  TITLE NAME STRET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654  TITLE NAME STRET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654  TITLE NAME STRET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654  TITLE NAME STRET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654  TITLE NAME STRET ADDRESS CITY-ST-ZIP NAME STRET ADDRESS CITY-ST-ZI	TITLE	OFFICERS AND DIR	Trust Fund Co	ntribution. 11. TITLE	L Ad	ided to Fees	ANGES TO OFF	Florida Dep	DIRECTORS IN	tate
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12. I hereby certify that the information supplied with this filling 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 ap address, with all other like empowered.

SIGNATURE:

SOMETH E HUBER