

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90666 044 ****61.25

DOCUMENT # N43374

1. Entity Name

**LIONS OF WEST PASCO AND CLARA S. ANDERSON CHARIT
ABLE 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3065085**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUBER, KENNETH E
11538 LAKEVIEW DRIVE
NEW PORT RICHEY FL 34654**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	D	<input type="checkbox"/> Delete
NAME	LEE, HOWELL	
STREET ADDRESS	9227 GLENMOOR LANE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HUBER, KENNETH E	
STREET ADDRESS	11207 SALT TREE LN	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	P Director	<input type="checkbox"/> Delete
NAME	FIORE, CHRISTINE	
STREET ADDRESS	8634 ROBIE WAY	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	P President	<input type="checkbox"/> Delete
NAME	MASON, DORIS	
STREET ADDRESS	6119 MONTANA AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]
SIGNATURE REQUIRED

3/13/03 (727) 846-0066

CR2E037 (10/02)