

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90003 047 ****61.25

DOCUMENT # N43780 1. Entity Name LAKELAND DIXIELAND LIONS CLUB, INC.					
Principal Place of Business P.O. BOX90665 LAKELAND, FL 33806 US			Mailing Address P.O. BOX90665 LAKELAND, FL 33806 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3124150	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WALKER, PAUL 1625 ARIANA ST. LOT #24 LAKELAND, FL 33803			7. Name and Address of New Registered Agent 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 <i>Paul Walker</i> Signature, typed or printed name of registered agent and file if applicable. <i>May 22, 2007</i> DATE					
Filing Fee is \$61.25 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-STATE-ZIP	P HUNTER, MACE 2210 SUGAR CRK DR LAKELAND, FL 33811	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ROSS, DEBBIE 4952 PLEASANT HOLLOW TRAIL LAKELAND, FL 33811	☐ Delete ☒ X			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2VP HANNA, BILL 3734 INNISBROOK DR. LAKELAND, FL 33810	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD KLEINTOP, MARY ANN 5723 LAKE GROVE DR LAKELAND, FL 33809	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S MOSHOLDER, MARTY 3360 HIGHLAND FAIRWAYS BLVD LAKELAND, FL 33810	☒ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T SWANN, ROBERT D 8534 GIBSON OAKS DRIVE LAKELAND, FL 33811	☐ Delete			
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: <i>Mace Hunter</i> MACE D HUNTER 6/12/07 863-834-6516 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		