2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N50795 OBEE LIONS CLUB, INC.				Secretary of State 04-27-2006 90216 030 ****70.00				
P O BOX 89	e of Business E, FL 34973 US	Mailing Address P 0 BOX 89 OKEECHOBEE, FL 34973 US				DIA BERAK BILI BIBH ATBU ATAU AHALI AHALI A	TORY OF THE FEW FOR THE STATE OF		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04252006 Chg-Ni	P CR2E037 (11/	(05)		
City & State		City & State	·		4. FEI Number 65-0366516		Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status D	Fee Re	5 Additional equired		
	6. Name and Address of Current	Registered Agent			7. Name and Address	of New Registered Agent			
CLARK, W 1574 SW 1 OKEECHO	Street Ad	Street Address (P.O. Box Number is Not Acceptable)							
			City (X	74	5W 184	IEKKITC!	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 rematating) DATE									
SIGNATURE .	Signature, typed or printed name of registered agent	and this if applicable. (NOTE:	Registered Agent signatur	re required	when rematating)	DATE			
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Make check paya Florida Department			
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Make check paya	of State		
10.	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing ontribution. [\$5.00 May Be Added to Fees DDITIONS/CHANGES TO	Make check paya Florida Department OFFICERS AND DIRECTO	of State RS IN 10		
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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:	Kore Ma	-X 10	ROSE MARY	DH 22	4-25-06	863-357-62	48
	SIGNATIONE AND TYPED O	Date	Daytime Phone #	ı			