2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N50795

Entity Name: OKEECHOBEE LIONS CLUB, INC.

Current Principal Place of Business:

1000 S.W. 4TH AVENUE
OKEECHOBEE, FL 34973 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 89
OKEECHOBEE, FL 34973 US

New Mailing Address:

FEI Number: 65-0366516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STRIPLING, SHANNON L
1000 S.W. 4TH AVENUE
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STRIPLING, GEORGE S JR.
Address: 1000 S.W. 4TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP ( ) Delete
Name: SUMNER, ELDER
Address: P.O. BOX 566
City-St-Zip: OKEECHOBEE, FL 34973

Title: S ( ) Delete
Name: STRIPLING, SHANNON L
Address: 1000 SW 4TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: T ( ) Delete
Name: STRIPLING, SHANNON L
Address: 1000 SW 4TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete
Name: BASS, LAVON
Address: 2001 SW 5TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON STRIPLING MRS. 05/05/2009

Electronic Signature of Signing Officer or Director — Date