

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000000451

1. Entity Name
OCALA FORT KING LIONS CLUB, INC.



Principal Place of Business:

**21 SE WENONA AVE
OCALA, FL 34471**

Mailing Address:

**P.O. BOX 1026
OCALA, FL 34478 US**



02232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3166928

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, PAUL E JR
21 SE WENONA AVE
OCALA, FL 34471**

**DO NOT WRITE
IN THIS SPACE**

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)
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, JR. P 21 SE WENONA AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, ROBERT 2837 SE 37 STR OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAWDER, LEROY 500 NE 53RD CT. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEAD, RON 3144 NE 2ND PLACE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/05-80008-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/05 352-659-8072