

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 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



02232006 No Chg-NP CR2E037 (11/05)

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

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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, typed or printed name of registered agent and file if applicable

NOTE: Registered Agent signature required when reinstating

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

U00000447817

03/08/06 00072-021 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06 352679-8074

Date

Daytime Phone