

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90016 014 ****61.25

DOCUMENT # N93000003770

1. Entity Name

BARTOW LIONS CLUB, INC.



Principal Place of Business

P.O. BOX 992
BARTOW FL 33830

Mailing Address

P.O. BOX 992
BARTOW FL 33830



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-6169984

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOODY, DANIEL D
P O BOX 246
575 NORTH BROADWAY
BARTOW FL 33830**

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

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

(NOTE: Registered Agent signature and title required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE **D** ☐ Delete
NAME **HAIN, ALLEN**
STREET ADDRESS **1580 BOUGAINVILLEA WAY**
CITY- ST- ZIP **BARTOW FL 33830**

TITLE **D** ☒ Delete
NAME **GODWIN, JOHN**
STREET ADDRESS **1750 OAKWOOD LOOP E**
CITY- ST- ZIP **BARTOW FL 33830**

TITLE **PD** ☐ Delete
NAME **EGLI, FRED JR**
STREET ADDRESS **1050 BEAR CREEK DR**
CITY- ST- ZIP **BARTOW FL 33830**

TITLE **TD** ☒ Delete
NAME **GUFFEY, KAREN B**
STREET ADDRESS **1250 SPRING CT**
CITY- ST- ZIP **BARTOW FL 33830**

TITLE **SD** ☒ Delete
NAME **PITMAN, A. P.**
STREET ADDRESS **1125 MCADOO AVE**
CITY- ST- ZIP **BARTOW FL 33830**

TITLE **SD** ☐ Delete
NAME **MARCHMAN, M. J.**
STREET ADDRESS **1625 WALLACE AVE**
CITY- ST- ZIP **BARTOW FL 33830**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **Bill Naberhaus**
STREET ADDRESS **4118 Sunny View Drive**
CITY- ST- ZIP **Lakeland, FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Al Chiles**
STREET ADDRESS **740 Manor Drive**
CITY- ST- ZIP **Bartow, FL 33830**

TITLE **D** ☐ Change ☒ Addition
NAME **Kenny Quinn**
STREET ADDRESS **5629 Crystal Beach Road**
CITY- ST- ZIP **Winter Haven, FL 33880**

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

M. J. Marchman

M. J. Marchman, Treasurer

02/12/08