

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003770

FILED
Feb 28, 2009
Secretary of State

Entity Name: BARTOW LIONS CLUB, INC.

Current Principal Place of Business:

P.O. BOX 992
BARTOW, FL 33830

New Principal Place of Business:

2350 S FLORAL AVE
BARTOW, FL 33830

Current Mailing Address:

P.O. BOX 992
BARTOW, FL 33830

New Mailing Address:

P. O. BOX 992
BARTOW, FL 33831

FEI Number: 59-6169984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MOODY, DANIEL D
575 NORTH BROADWAY
BARTOW, FL 33830 US

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:

02/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAIN, ALLEN
Address: 1580 BOUGAINVILLEA WAY
City-St-Zip: BARTOW, FL 33830

Title: VD () Delete
Name: NABERHAUS, BILL
Address: 4118 SUNNY VIEW DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: PD () Delete
Name: EGLI, FRED JR
Address: 1050 BEAR CREEK DR
City-St-Zip: BARTOW, FL 33830

Title: SD () Delete
Name: CHILES, AL
Address: 740 MANOR DRIVE
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: QUINN, KENNY
Address: 5629 CRYSTAL BEACH ROAD
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD () Delete
Name: MARCHMAN, M. J.
Address: 1625 WALLACE AVE
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: HAIN, ALLEN
Address: 1580 BOUGAINVILLEA WAY
City-St-Zip: BARTOW, FL 33830

Title: PD (X) Change () Addition
Name: NABERHAUS, BILL
Address: 4118 SUNNY VIEW DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Change () Addition
Name: EGLI, FRED JR
Address: 1050 BEAR CREEK DR
City-St-Zip: BARTOW, FL 33830

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: M J MARCHMAN

TREA

02/28/2009

Electronic Signature of Signing Officer or Director

Date