

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90049 042 \*\*\*\*61.25

**DOCUMENT # N93000004317**

1. Entity Name

**SANIBEL-CAPTIVA LIONS CHARITIES, INC.**



Principal Place of Business

**PO BOX 391  
SANIBEL FL 33957  
US**

Mailing Address

**PO BOX 391  
SANIBEL FL 33957  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NACHAZEL, JOHN T  
15248 TAMiami TRAIL SOUTH  
SUITE 500  
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

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 required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 **KREKEL, THOMAS**  
STREET ADDRESS **760 MERITZ ST**  
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **VPD** ☒ Delete  
NAME **NOLAN, CLIFF**  
STREET ADDRESS **780 ELINAY WAY**  
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **SD** ☒ Delete  
NAME **NACHAZEL, THOMAS W**  
STREET ADDRESS **PO BOX 1789**  
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **PD** ☒ Delete  
NAME **SAMLEY, JACK**  
STREET ADDRESS **1410 SAND CASTIA RD**  
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **TD** ☐ Delete  
NAME **CAMERON, HUGH M**  
STREET ADDRESS **527 E GULF DRIVE**  
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **D** ☐ Delete  
NAME **GRAHAM, JAMES B**  
STREET ADDRESS **3256 TWIN LAKES LANE**  
CITY-ST-ZIP **SANIBEL FL 33957**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **Nolan Cliff**  
STREET ADDRESS **780 Elinay way**  
CITY-ST-ZIP **Sanibel FL 33957**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **Morley John**  
STREET ADDRESS **604 Sea Dats Drive**  
CITY-ST-ZIP **Sanibel FL 33957**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Ulmer Ronald**  
STREET ADDRESS **750 Meritz St**  
CITY-ST-ZIP **Sanibel FL 33957**

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

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

TITLE ☐ 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: *Hugh M Cameron* **Hugh M Cameron** 1/27/06 239 472 5982