

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90055 005 ****61.25

DOCUMENT # N93000004317

1. Entity Name

SANIBEL-CAPTIVA LIONS CHARITIES, INC.



Principal Place of Business

Mailing Address

PO BOX 391
SANIBEL FL 33957
US

PO BOX 391
SANIBEL FL 33957
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☒ Delete
NAME: **SD**
STREET ADDRESS: **VIMER, RONALD**
CITY-ST-ZIP: **750 NERITO ST**
SANIBEL FL 33957

TITLE: ☒ Change ☐ Addition
NAME: **SD**
STREET ADDRESS: **ULMER, Ronald D**
CITY-ST-ZIP: **750 Nerite St**
Sanibel FL 33957

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

TITLE: ☐ Change ☒ Addition
NAME: **PD**
STREET ADDRESS: **Krekal, Thomas W**
CITY-ST-ZIP: **760 Nerite St**
Sanibel FL 33957

TITLE: ☐ Delete
NAME: **VD**
STREET ADDRESS: **MORLEY, JOHN**
CITY-ST-ZIP: **604 SEA DATS DRIVE**
SANIBEL FL 33957

TITLE: ☒ Change ☐ Addition
NAME: **PD**
STREET ADDRESS: **Morley, John L**
CITY-ST-ZIP: **604 Sea Dats Dr.**
Sanibel FL 33957

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

TITLE: ☐ Change ☒ Addition
NAME: **VD**
STREET ADDRESS: **Johnson, Richard**
CITY-ST-ZIP: **2477 Periwinkle way**
Sanibel FL 33957

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

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

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

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

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)

1-29-07

334 473 5986