

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004317

FILED
Jan 13, 2009
Secretary of State

Entity Name: SANIBEL-CAPTIVA LIONS CHARITIES, INC.

Current Principal Place of Business:

PO BOX 391
SANIBEL, FL 33957 US

New Principal Place of Business:

2173 PERIWINKLE WAY
SANIBEL, FL 33957 US

Current Mailing Address:

PO BOX 391
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HALWEG, GERALD E
Address: 5297 UMBRELLA POST RD
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: KREKAL, THOMAS W
Address: 960 NERITO ST
City-St-Zip: SANIBEL, FL 33957

Title: PD () Delete
Name: JOHNSON, RICHARD
Address: 2477 PETIWINKLE WAY
City-St-Zip: SANIBEL, FL 33957

Title: TD () Delete
Name: CAMERON, HUGH M
Address: 527 E GULF DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: GRAHAM, JAMES B
Address: 3256 TWIN LAKES LANE
City-St-Zip: SANIBEL, FL 33957

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GLISSMAN, HENRY
Address: 4252 OLD BANYAN WAY
City-St-Zip: SANIBEL, FL 33957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ROTRMAN, THOMAS T
Address: 431 RABBIT ROAD
City-St-Zip: SANIBEL, FL 33957

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: HUGH M CAMERON

TD

01/13/2009

Electronic Signature of Signing Officer or Director

Date