

**2005 NOT-FOR-PROFIT CORPORATION
- ANNUAL REPORT**

FILED

**Apr 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # N94000003479

1. Entity Name
AUBURNDALE LIONS CLUB, INC.



Principal Place of Business

**226 BENNETT ST.
AUBURNDALE, FL 33823**

Mailing Address

**P.O. BOX 1271
AUBURNDALE, FL 33823 US**



02162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0701034

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GUTTERIDGE, ERNEST
4064 LAKE MARIANA DRIVE
WINTER HAVEN, FL 33881**

**DO NOT WRITE
IN THIS SPACE**

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 rehashing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BULLOCK, JANICE
123 4TH STREET JPV
WINTER HAVEN, FL 33881**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAMEN, CHARLES C
150 OLD NICHOLAS CIRCLE
AUBURNDALE, FL 33823**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GUTTERIDGE, ERNEST
4064 LAKE MARIANA DRIVE
WINTER HAVEN, FL 33881**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAHIL, ANN
121 HOLIDAY LANE
AUBURNDALE, FL 33823**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
COFER, JOHN W
5401 US HWT 17-92 W LOT 41
HAINES CITY, FL 33844**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
COFER, JEANNETTE
5401 US HWY 17-92 W LOT 41
HAINES CITY, FL 33844**

U000000305300
04/14/05-80079-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05 863-956-8775
Date Daytime Phone #