

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90176 047 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-6139817	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GUTTERIDGE, ERNEST 4064 LAKE MARIANA DRIVE WINTER HAVEN, FL 33881			7. Name and Address of New Registered Agent Name SONIA M. KEY Street Address (P.O. Box Number is Not Acceptable) 213 DEBBIE ANN CT. City AUBURNDALE FL Zip Code 33823		
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 <u><i>Sonia M. Key</i></u> TREASURER SONIA M. KEY 04-28-08 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D, <input checked="" type="checkbox"/> SAMEN, CHARLES 150 OLD NICHOLS CIRCLE AUBURNDALE, FL 33823	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> NACARATO, CAROL 3845 AVE. S. NW WINTER HAVEN, FL 33881	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JANICE BULLOCK 123-4TH JPV STREET WINTER HAVEN, FL 33880		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> GUTTERIDGE, ERNEST 4064 LAKE MARIANA DRIVE WINTER HAVEN, FL 33881	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARTY BOZUNG 910 KRISTINA CT. AUBURNDALE, FL 33823		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> NACARATO, FRANK 3645 AVE. S NW WINTER HAVEN, FL 33881	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SONIA M. KEY 213 DEBBIE ANN CT. AUBURNDALE FL 33823		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> CAHILL, ANN 121 HOLIDAY LANE AUBURNDALE, FL 33823	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> TURCOTTE, ROGER 689 LAKE HOWARD APT #3B WINTER HAVEN, FL 33880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Sonia M. Key</i></u> TREASURER 04-28-08 (863) 802-2502 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					