## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # N9400003479  1. Entity Name AUBURNDALE LIONS CLUB, INC.					05-02-2008 9	0176 047 ****61.2	25
Principal Place of Business Mailing Address 226 BENNETT ST. P. 0. BOX 1271 AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 U				140000	oria: idan ara ara ban b	11 <b>212</b> 1 111 2012 111 2014 1120 11	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02032008	Chg-NP	CR2E037 (12/06)	
City & Stati	e	City & State	. 1	4. FEI Numl 59-61:		<del>                                      </del>	oplied For ot Applicable
Zip	· Country	Zip	Country	5. Certificat	e of Status Desired	S8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name an	d Address of New F	Registered Agent	
GUTTERIDGE, ERNEST			Name SONIA M. KEY				
4064 LAKE MARIANA DRIVE     WINTER HAVEN, FL 33881			Street Address (P.O. Box Number is Not Acceptable) 213 DEBBLE ANN CT.				
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		~	- City	UBURNDALE	=	FL Zip Cod	le 323
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  Signatura, typed or printed name of registered agent and the it applicable. (NOTE: Registered Agent signature required when renstating)  DATE							
SIGNATURE.	· · · · · · · · · · · · · · · · · · ·	<del> </del>					<del></del>
	Signatura, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	and the it adpicable. (NOTE:  9. Election Camp  Trust Fund Co	Registered Agent signate	\$5.00 May Added to Fee	Be fo	DATE  flake check payable to the check payable to t	tate '
10.	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI	9. Election Cam Trust Fund Co	Registered Agent signation paign Financing ontribution.	\$5.00 May Added to Fee	Be fo	DATE  dake check payable trida Department of S  ERS AND DIRECTORS IN	tate
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12. Thereby 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 a 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

04-28-08

(863)802.2502