

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90521 047 \*\*\*\*61.25

**DOCUMENT # N94000005461**

1. Entity Name

WINTER GARDEN LIONS CLUB, INC.



Principal Place of Business

120 SO. DILLARD STREET  
WINTER GARDEN FL 34777-0757

Mailing Address

POST OFFICE BOX 770757  
WINTER GARDEN FL 34777-0757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-6151298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLAND, VERNE  
103 MANDARIA RD.  
WINTER GARDEN FL 34787

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

*VERNE HOLLAND*

*Verne Holland*

4-20-04

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, 2004**

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

TITLE: VD  
NAME: FAIN, AL  
STREET ADDRESS: 965 CHAUNCEY CT  
CITY-ST-ZIP: OCOEE FL 34761 ☐ Delete

TITLE: PD  
NAME: HOLLAND, VERNE  
STREET ADDRESS: 103 MANDARIN RD  
CITY-ST-ZIP: WINTER GARDEN FL 34787 ☐ Delete

TITLE: VD  
NAME: WALKER, NANCY  
STREET ADDRESS: 1442 SPRING RIDGE CIR.  
CITY-ST-ZIP: WINTER GARDEN FL 34787 ☐ Delete

TITLE: SD  
NAME: ANNIS, GAY  
STREET ADDRESS: 214 N. DILLARD ST  
CITY-ST-ZIP: WINTER GARDEN FL 34787 ☐ Delete

TITLE: TD  
NAME: FAIN, JUDY  
STREET ADDRESS: 965 CHAUNCEY CT  
CITY-ST-ZIP: OCOEE FL 34761 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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

*Judy Fain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-04

407 654 965