



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

FILED
Jul 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000005461 1. Entity Name WINTER GARDEN LIONS CLUB, INC.	
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Principal Place of Business 120 SO. DILLARD STREET WINTER GARDEN, FL 34777-0757	Mailing Address POST OFFICE BOX 770757 WINTER GARDEN, FL 34777-0757
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DO NOT WRITE IN THIS SPACE



07252005 No Chg-NP CR2E037 (10/03)

4. FCI Number 59-6151298	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLLAND, VERNE
103 MANDARIA RD.
WINTER GARDEN, FL 34787**

**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 *Verne B. Holland* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAIN, AL 965 CHAUNCEY CT OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLAND, VERNE 103 MANDARIN RD WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALKER, NANCY 1442 SPRING RIDGE CIR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANNIS, GAY 214 N. DILLARD ST WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAIN, JUDY 965 CHAUNCEY CT OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/28/05-80004-022 61.25

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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 (Judy Fain)* 7-25-05 (407) 654 9165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #