


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90331 035 \*\*\*\*61.25

DOCUMENT # N95000000900	
1. Entity Name THE HIGH POINT LIONS CLUB, INC.	

Principal Place of Business HIGH POINT LIONS CLUB BROOKSVILLE, FL 34613	Mailing Address 12249 CLUBHOUSE ROAD BROOKSVILLE, FL 34613
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DO NOT WRITE IN THIS SPACE



02132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3299397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BATTAGLIA, VINCENT HIGH POINT LIONS CLUB 12249 CLUB HOUSE RD BROOKSVILLE, FL 34613-5604	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2004	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	D LUNNY, LOUISE 8116 HIGH POINT BLVD BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BATTAGLIA, MAUREEN 8816 HIGH POINT BLVD BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, ROY 8530 HIGH POINT BLVD BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE POOLE, JOE 12078 WALSHWOOD AVE BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BATTAGLIA, VINCENT 8816 HIGH POINT BLVD. BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NANCY DANIELS 9163 ADMIRAL ST BROOKSVILLE FL 34613

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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: 	Date: 4/4/04	Daytime Phone #: 352 592-1707
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