

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90052 019 ****70.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3299397	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BATTAGLIA, VINCENT HIGH POINT LIONS CLUB 12249 CLUB HOUSE RD BROOKSVILLE, FL 34613-5604				7. Name and Address of New Registered Agent	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNNY, LOUISE 8116 HIGH POINT BLVD BROOKSVILLE, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BATTAGLIA, MAUREEN 8816 HIGH POINT BLVD BROOKSVILLE, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, ROY 8530 HIGH POINT BLVD BROOKSVILLE, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE POOLE, JOE 12078 WALSHWOOD AVE BROOKSVILLE, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANIELS, NANCY. 9163 ADMIRAL ST BROOKSVILLE, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D DANIELS, NANCY 9163 ADMIRAL ST BROOKSVILLE FL 34613		
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: <i>Vincent Battaglia</i>		1/31/05		352 592-1707	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	