

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90041 030 ****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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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

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: REBER, RAEANN	
Street Address (P.O. Box Number is Not Acceptable) HIGH POINT LIONS CLUB	
12249 CLUB HOUSE RD	
City BROOKSVILLE	Zip Code FL 34613

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 RAEANN REBER, TREASURER

Signature, typed or printed name of registered agent and title if applicable.

RaeAnn Reber

(NOTE: Registered Agent signature required when reinstating)

04-02-07

Date

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	D LUNNY, LOUISE 8116 HIGH POINT BLVD BROOKSVILLE FL 34613 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BATTAGLIA, MAUREEN 8816 HIGH POINT BLVD BROOKSVILLE FL 34613 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, ROY 8530 HIGH POINT BLVD BROOKSVILLE FL 34613 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE POOLE, JOE 12078 WALSHWOOD AVE BROOKSVILLE FL 34613 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BATTAGLIA, VINCENT 8816 HIGH POINT BLVD. BROOKSVILLE FL 34613 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FETKAVICH, AL 8067 STOCKHELM ST BROOKSVILLE FL 34613 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REBER, RAEANN 12044 FORMOSA ST. BROOKSVILLE, FL 34613 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOWE, ALMA 12056 FORMOSA ST. BROOKSVILLE, FL 34613 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, LEE 12056 FORMOSA ST. BROOKSVILLE, FL 34613 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FETKAVICH, SALLY 12069 SARA ST. BROOKSVILLE, FL 34613 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMANI, LOUISE 10148 GIFFORD DR SPRING HILL, FL 34608 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FETKAVICH, AL 12069 SARA ST. BROOKSVILLE, FL 34613 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *RaeAnn Reber* RAEANN REBER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-07 352-592-7774

Date

Original Phone #