
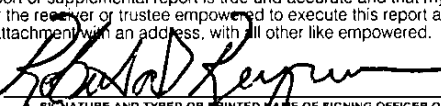


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90049 041 ****61.25

DOCUMENT # N95000003577 1. Entity Name NEWBERRY LIONS CLUB, INC.					
Principal Place of Business 25355 WEST NEWBERRY RD. NEWBERRY, FL 32669 US				Mailing Address PO BOX 1439 NEWBERRY, FL 32669	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3572811	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RESPESS, ROBERT D. 25355 WEST NEWBERRY RD. NEWBERRY, FL 32669				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) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DON <input checked="" type="checkbox"/> Delete 150 SW FAIRWAY DR KEYSTONE HEIGHTS, FL 32656		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David Hartwell 25722 SW 18th Ave, Newberry, FL 32669	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JIMMY <input checked="" type="checkbox"/> Delete 25446 SW 5TH AVE NEWBERRY, FL 32669		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Betty Gravely 716 SW 218th St, Newberry, FL 32669	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOT, GENE <input type="checkbox"/> Delete 25333 SW 16 AVE NEWBERRY, FL 32669		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dorothy Blackwell 15715 SW 59 Ave, Archer, FL 32618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RESPESS, ROBERT D <input type="checkbox"/> Delete 25355 W. NEWBERRY RD NEWBERRY, FL 32669		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Andy Blackwell 15715 SW 59 Ave, Archer, FL 32618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  Robert D. Respass 7/6/07 (352) 472-5434 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40123010



07052007 Chg-NP CR2E037 (12/06)