

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90019 023 \*\*\*\*61.25

<b>DOCUMENT # N95000004461</b>					
<b>1. Entity Name</b> THE NORTH PORT LIONS CLUB, INC.					
<b>Principal Place of Business</b> P.O. BOX 7513 NORTH PORT, FL 34287			<b>Mailing Address</b> P.O. BOX 7513 NORTH PORT, FL 34287		
<b>2. Principal Place of Business</b> 13624 Tamiami Trail		<b>3. Mailing Address</b> 13624 Tamiami Trail			
Suite, Apt. #, etc. <b>PMB 200</b>		Suite, Apt. #, etc. <b>PMB 200</b>			
City & State North Port, FL		City & State North Port, FL			
Zip 34287	Country Sarasota	Zip 34287	Country Sarasota		
<b>4. FEI Number</b> 65-0608500					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> OBRECHT, ALLAN 4577 LULLABYE RD NORTH PORT, FL 34287			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERKEL, KARAN 5955 SPEARMAN CIR. NORTH PORT, FL 34287	<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	D OBRECHT, GLORIA 4577 LULLABY RD. NORTH PORT, FL 34287	<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	DP OBRECHT, ALLAN 4577 LULLABYE ROAD NORTH PORT, FL 34287	<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	D CHIMINIELLO, HENRY 3623 MONTCLAIR CIR NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kirkeeng, Alf E. 1260 Covey Ct. Venice, FL 34293	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMISON, RICHARD 4433 SAN LUIS TER. NORTH PORT, FL 34286	<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	D MERKEL, MARTIN 5955 SPEARMAN CIR NORTH PORT, FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Alf E. Kirkeeng</u> <b>Alf E. Kirkeeng</b> <u>03-22-06</u> <u>941-497-7481</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #</small>					