

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004461

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: THE NORTH PORT LIONS CLUB, INC.

## Current Principal Place of Business:

13624 TAMIAMI TRAIL  
PMB 200  
NORTH PORT, FL 34287

## New Principal Place of Business:

## Current Mailing Address:

13624 TAMIAMI TRAIL  
PMB 200  
NORTH PORT, FL 34287

## New Mailing Address:

FEI Number: 65-0608500      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OBRECHT, ALLAN  
4577 LULLABYE RD  
NORTH PORT, FL 34287      US

## Name and Address of New Registered Agent:

KIRKEENG, ALF E  
1260 COVEY COURT  
VENICE, FL 34293      US

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.

SIGNATURE: ALF E. KIRKEENG

03/24/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: V      ( ) Delete  
Name: COYLE, AMY  
Address: 2071 PALAMOR ST.  
City-St-Zip: NORTH PORT, FL 34287

Title: S      ( ) Delete  
Name: OBRECHT, GLORIA  
Address: 4577 LULLABY ROAD  
City-St-Zip: NORTH PORT, FL 34287

Title: D      ( ) Delete  
Name: OBRECHT, ALLAN  
Address: 4577 LULLABYE ROAD  
City-St-Zip: NORTH PORT, FL 34287

Title: P      ( ) Delete  
Name: KIRKEENG, ALF E  
Address: 1260 COVEY CT  
City-St-Zip: VENICE, FL 34293

Title: T      ( ) Delete  
Name: JIMISON, RICHARD  
Address: 4433 SAN LUIS TER.  
City-St-Zip: NORTH PORT, FL 34286

Title: D      ( ) Delete  
Name: DUKES, FAYE  
Address: 2915 BELLVILLE TER.  
City-St-Zip: NORTH PORT, FL 34286

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D      (X) Change ( ) Addition  
Name: STELLMACH, MARY LOU  
Address: 5520 WHITE IBIS DR.  
City-St-Zip: NORTH PORT, FL 34287

Title: S      (X) Change ( ) Addition  
Name: OBRECHT, GLORIA  
Address: 4888 O'SHEA ST  
City-St-Zip: NORTH PORT, FL 34291

Title: V      (X) Change ( ) Addition  
Name: OBRECHT, ALLAN  
Address: 4487 O'SHEA ST  
City-St-Zip: NORTH PORT, FL 34291

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: DUKES, FAYE  
Address: 4050 FAIRWAY DR.  
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALF E. KIRKEENG

PRES

03/24/2008

Electronic Signature of Signing Officer or Director

Date