

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 07, 2008**  
**Secretary of State**

DOCUMENT# N96000004658

**Entity Name:** HIGH SPRINGS LIONS CLUB, INC.**Current Principal Place of Business:**26900 W US HWY 27  
HIGH SPRINGS, FL 32643**New Principal Place of Business:****Current Mailing Address:**PO BOX 2444  
HIGH SPRINGS, FL 32655**New Mailing Address:****FEI Number:** 59-3529810**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SULLIVAN, JOHN  
3020 NW 1ST AVE  
HIGH SPRINGS, FL 32643 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOLLAND, ROBERT  
Address: RT 5 BOX 4952  
City-St-Zip: LAKE BUTLER, FL 32054

Title: VP (X) Delete  
Name: BARKMAN, BRIAN  
Address: PO BOX 2743  
City-St-Zip: HIGH SPRINGS, FL 32655

Title: T ( ) Delete  
Name: REESE, STEVA L  
Address: 25005 NW 208TH TERRACE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: S ( ) Delete  
Name: EVANS, DOROTHY  
Address: 18606 NW 202ND STREET  
City-St-Zip: HIGH SPRINGS, FL 32643

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: STEVA L. REESE

T

08/07/2008

Electronic Signature of Signing Officer or Director

Date