

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004658

FILED
Apr 30, 2009
Secretary of State

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: 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:

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: ROBERT HOLLAND

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date