

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004673

FILED  
Jan 16, 2006  
Secretary of State

**Entity Name:** THE LAKE PLACID LIONS CLUB, INC.

**Current Principal Place of Business:**

125 TORTOISE RD  
SEBRING, FL 33876 US

**New Principal Place of Business:**

**Current Mailing Address:**

125 TORTOISE RD  
SEBRING, FL 33876 US

**New Mailing Address:**

**FEI Number:** 65-0693314

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BREIG, DOLORES M  
102 COUNTRY CLUB DRIVE  
LAKE PLACID, FL 33852 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: D ( ) Delete  
Name: GALM, L. C  
Address: 125 TORTOISE RD  
City-St-Zip: SEBRING, FL 33876

Title: SD ( ) Delete  
Name: GALM, JUDY  
Address: 125 TORTOISE RD  
City-St-Zip: SEBRING, FL 33876

Title: TD ( ) Delete  
Name: CUNNINGHAM, EDITH  
Address: P O BOX 836  
City-St-Zip: LAKE PLACID, FL 33862

Title: D ( ) Delete  
Name: LAMBERT, MILES  
Address: P.O. BOX 836  
City-St-Zip: LAKE PLACID, FL 33862

Title: D ( ) Delete  
Name: THAYER, GLENN R  
Address: 100 THAYER LANE  
City-St-Zip: LAKE PLACID, FL 33852

Title: PD ( ) Delete  
Name: BREIG, DOLORES M  
Address: 102 COUNTRY CLUB DR  
City-St-Zip: LAKE PLACID, FL 33852

**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:

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 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: JUDITH E GALM

SD

01/16/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date