

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004673

FILED
Feb 04, 2009
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
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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: JUDY GALM

SD

02/04/2009

Electronic Signature of Signing Officer or Director

Date