2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N97000005279

Entity Name: THE LAKE WALES LIONS CLUB, INC.

Current Principal Place of Business:

PERKINS RESTAURANT
503 HAMLIN ST.
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 261
LAKE WALES, FL 338590261

New Mailing Address:

FEI Number: 59-6170032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLOWAY, KATHE S
843 S. LAKE STARR BLVD.
LAKE OF THE HILLS
LAKE WALES, FL 33898 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:	GALLOWAY, KATHLEEN S	
Address:	843 S. LAKE STARR BLVD.	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	V	( ) Delete
Name:	GALLOWAY, TOM P	
Address:	843 S. LAKE STARR BLVD.	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	V	( ) Delete
Name:	ANDRESS, PAUL	
Address:	2404 HOLMES AVE	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	S	( ) Delete
Name:	ANDRESS, BARBARA	
Address:	2404 HOLMES AVE	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	V	( ) Delete
Name:	CRESPO, MANNY	
Address:	850 WILDABON AVE.	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	T	( ) Delete
Name:	DIBBLE, LORRAINE	
Address:	11 GROVE AVE. E.	
City-St-Zip:	LAKE WALES, FL 33853	

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 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: LORRAINE DIBBLE T 03/09/2009

Electronic Signature of Signing Officer or Director — Date