

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006394

**Entity Name:** THE KISSIMMEE LIONS CLUB, INC.**Current Principal Place of Business:**3050 LIONS CT  
KISSIMMEE, FL 34745**Current Mailing Address:**PO BOX 453251  
KISSIMMEE, FL 34745-3251**FEI Number:** 59-6153469**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGENDRE, RONALD  
200 EAST MONUMENT STREET  
SUITE C  
KISSIMMEE, FL 34741 US*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

**Officer/Director Detail :**

Title	CLUBHOUSE MANAGER
Name	LEGENDRE, RONALD
Address	2869 LAKE TOHOPEKALIGA BLVD.
City-State-Zip:	KISSIMMEE FL 34746

Title	TREASURER
Name	HILAIRE, SABRINA
Address	2385 CARRIAGE RUN ROAD
City-State-Zip:	KISSIMMEE FL 34741

Title	SECRETARY
Name	MATTHEWS, SONYA
Address	3115 ORCHARD PLACE
City-State-Zip:	KISSIMMEE FL 34741

Title	PAST PRESIDENT
Name	IVY, WARREN
Address	6731 BASS ROAD
City-State-Zip:	ST. CLOUD FL 34771

Title	PRESIDENT
Name	HOLDER, KEITH
Address	2981 CONNER LANE
City-State-Zip:	KISSIMMEE FL 34741

Title	VP
Name	CIPRIANO, MICHAEL
Address	3103 GREENSHURST WAY
City-State-Zip:	KISSIMMEE FL 34758

I hereby 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 all other like empowered.

**SIGNATURE:** SABRINA M HILAIRE**TREASURER****03/10/2024**

Electronic Signature of Signing Officer/Director Detail

Date