


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAR 28 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSL

DOCUMENT # 803849					
1. Entity Name THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS					
Principal Place of Business 300 22ND ST OAKBROOK, IL 60523-8842 US			Mailing Address 300 22ND ST OAKBROOK, IL 60523-8842 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-1263962	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL		
			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Union. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AOD LA PETINA, GARY M 300 22ND ST OAK BROOK, IL 60523	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400069971484 04/10/06--01080--018 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUSIAK, CLEMENT F 6302 HOMEWOOD ROAD LINTHICUM HEIGHTS, MD 21090	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Dr. Ashok Mehta 95 K. Bhuaabhal Road Khatau Mansion, Domer Park, Mumbai 400 036 India	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SKERIK, MARY ELLEN 300 22ND STREET OAK BROOK, IL 60523	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, BILL 180 MEADOWVIEW DRIVE HANOVER, PA 17331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFIN, RICHARD 1896 TEBERNACLE LANE FOREST, VA 24551	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, WILLIAM J 1731 TATTENHAM RD ENCINATAS, CA 92024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Gary M. La Petina</i>		Date: 3-15-06		Daytime Phone #: 630-571-5466	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GARY M. LA PETINA					