



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90182 041 ****70.00

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DOCUMENT # F97000000846					
1. Entity Name LIONS CLUBS INTERNATIONAL FOUNDATION, INC.					
Principal Place of Business 300 22ND STREET OAK BROOK, IL 60523-8842		Mailing Address 300 22ND STREET OAK BROOK, IL 60523-8842			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7030455	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD, #221E PALM BEACH GARDENS, FL 33410			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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 of Florida. 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, 2005		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	C	<input checked="" type="checkbox"/> Delete	TITLE	Executive Administrator	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, FRANK J III		NAME	300 22nd Street	
STREET ADDRESS	PO BOX 482		STREET ADDRESS	Oak Brook, IL 60523	
CITY-ST-ZIP	DALEVILLE, AL 363220482		CITY-ST-ZIP	Gary La Petina	
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUSIAK, CLEMENT K		NAME	Maryellen Skerik	
STREET ADDRESS	6301.HOMEWOOD RD.		STREET ADDRESS	300 22nd Street	
CITY-ST-ZIP	LINTHICUM HEIGHTS, MD 21090		CITY-ST-ZIP	Oak Brook, IL 60523	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Chairperson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUKUSHIMA, KAY K		NAME	Dr. Tae-Sup Lee	
STREET ADDRESS	PO BOX 22607		STREET ADDRESS	300 22nd Street	
CITY-ST-ZIP	SACRAMENTO, CA 95822		CITY-ST-ZIP	Oak Brook, IL 60523	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Vice Chairperson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, CHING-LI		NAME	W.R. O'Riley	
STREET ADDRESS	4/F, 86 CHUNG SHAN 1ST RD.		STREET ADDRESS	300 22nd Street	
CITY-ST-ZIP	KAOHSIUNG, TAWIAN, ROC,		CITY-ST-ZIP	Oak Brook, IL 60523	
TITLE	ID	<input checked="" type="checkbox"/> Delete	TITLE	Division Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, DELMAR		NAME	Philip Albano	
STREET ADDRESS	515 RUNDALL STREET		STREET ADDRESS	300 22nd Street	
CITY-ST-ZIP	IOWA CITY, IA 52240		CITY-ST-ZIP	Oak Brook, IL 60523	
TITLE	ID	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARELLO, JACQUES		NAME		
STREET ADDRESS	15 BOULEVARD MERLE		STREET ADDRESS		
CITY-ST-ZIP	MERSEILE FRANCE,		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		LCIF Chairperson		2-23-2005 630-571-5466	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	