2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2006
Secretary of State

DOCUMENT# N03000010785

Entity Name: HAWTHORNE LIONS CLUB, INC.

Current Principal Place of Business:

22200 S.E. 57TH AVENUE
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1680
HAWTHORNE, FL 32640

New Mailing Address:

FEI Number: 59-6153307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWELL, PAUL D
260A LAWRENCE BLVD
SUITE 201
KEYSTONE HEIGHTS, FL 32656 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: WILLIAMS, JENI
Address: 20518 SE 24 AVE
City-St-Zip: HAWTHORNE, FL 32640

Title: V ( ) Delete
Name: SEGAL, JANE
Address: 145 TWIN LAKES RD.
City-St-Zip: HAWTHORNE, FL 32640

Title: S ( ) Delete
Name: MENARD, MARGUERITE
Address: 283 RILEY ROAD
City-St-Zip: HAWTHORNE, FL 32640

Title: T ( ) Delete
Name: GARLITZ, JAY
Address: POST OFFICE BOX 1333
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: SCOTT, ESTEE
Address: PO BOX 1680
City-St-Zip: HAWTHORNE, FL 32640

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. JAY GARLITZ T 03/05/2006

Electronic Signature of Signing Officer or Director — Date