


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90043 009 ****61.25

DOCUMENT # N06000010132

1. Entity Name
THE ELLENTON - PARRISH LIONS FOUNDATION, INC.



Principal Place of Business
C/O HELEN ARNOLD
5530 46TH ST. E.
BRADENTON, FL 34203

Mailing Address
C/O HELEN ARNOLD
5530 46TH ST. E.
BRADENTON, FL 34203

40017010



2. Principal Place of Business - No P.O. Box #
9709 ROSARIO DR.

3. Mailing Address
9709 ROSARIO DR.

Suite, Apt. #, etc.

02062007 Chg-NP CR2E037 (12/06)

City & State
PARRISH FL

City & State
PARRISH FL

Zip
34219

Country
USA

Zip
34219

Country
USA

4. FEI Number
20-5464600

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BINCK, DONALD
9930 CAPE HAZE CIR
PARRISH, FL 34219-9457

7. Name and Address of New Registered Agent

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 Donald Binck DATE 2/10/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BINCK, DONALD	
STREET ADDRESS	9930 CAPE HAZE CIR	
CITY - ST - ZIP	PARRISH, FL 34219	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, HELEN	
STREET ADDRESS	5530 46 ST E	
CITY - ST - ZIP	BRADENTON, FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	COURTRIGHT, PHIL	
STREET ADDRESS	9704 ROSARIO DR	
CITY - ST - ZIP	PARRISH, FL 34219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELEN ARNOLD	
STREET ADDRESS	9709 ROSARIO DR.	
CITY - ST - ZIP	PARRISH, FL 34219	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Donald Binck DATE 2/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #