## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 21, 2006 8:00 am **Secretary of State** DOCUMENT # N20273 1. Entity Name 03-21-2006 90049 037 \*\*\*\*61.25 FORT LAUDERDALE LIONS CLUB. INC. Mailing Address Principal Place of Business C/O STEPHEN B ROSENTHAL 8142 NO UNIVERSITY DR 8142 N. UNIVERSITY DR. TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-6170009 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSENTHAL STEPHEN B ESQ Street Address (P.O. Box Number is Not Acceptable) 8142 N UNIVERSITY DR TAMARAC FL 33321 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change Addition BRAUSS, JIM NAME NAME 1528 NW 4 AVE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete ☐ Change LANE, SAMUEL R NAME NAME 10821 NW 6TH ST STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP CITY-ST-ZIP Change \_\_\_ Addition. ☐ Delete TITLE TITLE STEPHEN B. ROSENTHAL SKINNER, HÚLDAH NAME<sup>\*</sup> NAME 17451 SW 33 ST STREET ADDRESS STREET ADDRESS 8142 N. University Dr. CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP Tamarac, FL 33321 TITLE ☐ Delete ☐ Change ☐ Addition NAME CRAM, LORRIE NAME STREET ADDRESS STREET ADDRESS 5240 S.W. 26 AVE CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY-ST-7IP ☐ Delete Change TITLE TITLE Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SKINNER, SELWYN

17451 SW 33RD ST

MIRAMAR FL 33025

BRAUSS, ORA MAE

FORT LAUDERDALE FL 33312

3628 SW 23RD CT

as R R

9/2006

9347646906

☐ Change

Addition

FILED