

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20273

FILED
Apr 24, 2011
Secretary of State

Entity Name: FORT LAUDERDALE LIONS CLUB, INC.

Current Principal Place of Business:

C/O DR. JAMES R BRAUSS
520 NE 30TH STREET
WILTON MANORS, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

C/O DR. JAMES R BRAUSS
520 NE 30TH STREET
WILTON MANORS, FL 33334 US

New Mailing Address:

FEI Number: 59-6170009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUSS, JAMES R DR
520 NE 30TH STREET
WILTON MANORS, FL 33334 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: T
Name: BRAUSS, JIM
Address: 520 NE 30TH STREET
City-St-Zip: WILTON MANORS, FL 33334 US

Title: P
Name: SKINNER, HULDAH
Address: 17451 SW 33RD ST
City-St-Zip: MIRAMAR, FL 33025 US

Title: D
Name: BRAUSS JR, ROBERT C
Address: 3628 S.W. 23RD CT
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: D
Name: CRAM, LORRIE
Address: 5240 S.W. 26 AVE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D
Name: SKINNER, SELWYN
Address: 17451 SW 33RD ST
City-St-Zip: MIRAMAR, FL 33025 US

Title: S
Name: BRAUSS, ORA MAE
Address: 3628 SW 23RD CT
City-St-Zip: FORT LAUDERDALE, FL 33312 US

I hereby 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 all other like empowered.

SIGNATURE: JIM BRAUSS

T

04/24/2011

Electronic Signature of Signing Officer or Director

Date