### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20273

Entity Name: FORT LAUDERDALE LIONS CLUB, INC.

FILED
Apr 04, 2014
Secretary of State
CC5599867024

## **Current Principal Place of Business:**

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

# **Current Mailing Address:**

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

FEI Number: 59-6170009 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

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

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: DR. JAMES R BRAUSS 04/04/2014

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title T	Title	Р
---------	-------	---

NameBRAUSS, JAMES RNameCAMPBELL, JAMESAddress520 NE 30TH STREETAddress2081 NW 98 WAY

City-State-Zip: WILTON MANORS FL 33334 City-State-Zip: PEMBROKE PINES FL 33024-1422

Title D Title D

Name SKINNER, HULDAH C Name CRAM, LORRIE

Address 17451 SW 33 STREET Address 5240 S.W. 26 AVE

City-State-Zip: MIRAMAR FL 33025 City-State-Zip: FT. LAUDERDALE FL 33312

Title D Title S

Name SKINNER, SELWYN Name CAMPBELL, BARBARA
Address 17451 SW 33RD ST Address 2081 NW 98 WAY

City-State-Zip: MIRAMAR FL 33025 City-State-Zip: PEMBROKE PINES FL 33024

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: DR JAMES R BRAUSS

**TREASURER** 

04/04/2014