

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20273

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**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**02/04/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	T
Name	BRAUSS, JAMES R
Address	520 NE 30TH STREET
City-State-Zip:	WILTON MANORS FL 33334

Title	PRESIDENT
Name	BROWN, LAWRENCE M
Address	121 ROYAL PARK DRIVE APT 1B
City-State-Zip:	OAKLAND PARK FL 33309

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

Title	SECRETARY
Name	CAMPBELL, JAMES
Address	2081 NW 98 WAY
City-State-Zip:	PEMBROKE PINES FL 33024

Title	DIRECTOR
Name	BROWN, PAMELA J
Address	121 ROYAL PARK DRIVE APT 1B
City-State-Zip:	OAKLAND PARK FL 33309

Title	DIRECTOR
Name	CAMPBELL, BARBARA
Address	2081 NW 98TH WAY
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****02/04/2018**

Electronic Signature of Signing Officer/Director Detail

Date