2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2007 8:00 am Secretary of State 01-11-2007 90058 046 ****61.25

DOCUMENT # 702586 1. Entity Name LIONS CLUB OF DELRAY BEACH, INC.							01-11	-2007	90038	<i>7</i> 40 · · · · ·	01.23	
Principal Place of Business Mailing Address PO. BOX 7117 DELRAY BCH., FL 33482 US DELRAY BEACH,				117 ·			40001779					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					01052007	Chg-NP		CR2E0	37 (12/06)	
City & State		City & State					4. FEI Number 59-073					pplied For ot Applicable
Zip	Zip Country		Zip		Country		5. Certificate	of Status D	esired		\$8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered	Agent				7. Name and	Address o	f New R	egistered	Agent	
0011555					Name							
SCHERER, DR. HOWARD 6140 BLUEGRASS DRIVE BOYNTON BEACH, FL 33437					Street A	ddress (f	P.O. Box Number	er is Not Ac	ceptable	e)		
					City					FL	Zip Co	de
the obligat												
	Signature, typed or printed name of registered agen	t and title of applic	able. (NOTE	Registere	d Agent signat	ture required	when reinstating)			DATE		
	Filling Fee is \$61.25 Due by May 1, 2007	t and title & applica	9. Election Cam Trust Fund C	paign F	inancing	ture required	\$5.00 May B Added to Fees	e		ake chec	c payable tment of \$	
10.	Filing Fee is \$61.25		9. Election Cam	paign F	inancing		\$5.00 May B		Flor	ake checi Ida Depar	tment of S	State
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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:

SIGNATURE:

SIGNATURE AND DEPORTED NAME OF STANING OFFICER OF DESCRIPT.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR