

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.



Principal Place of Business
**P.O. BOX 7117
DELRAY BCH., FL 33482 US**

Mailing Address
**P.O. BOX 7117
DELRAY BEACH, FL 33482**

40001779



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0738604

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHERER, DR. HOWARD
6140 BLUEGRASS DRIVE
BOYNTON BEACH, FL 33437**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DOROTHY, SCHERER
6140 BLUE GRASS DRIVE
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PARKE, JOHN
2102 N.W. FIRST AVE.
DELRAY BEACH, FL 33444** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GAVLIER, STANLEY
2144 SW 36 TERR
DELRAY BEACH, FL 33445** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GAVLICK, STANLEY
2144 SW 36 TERR. DELRAY BEACH 33445** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KLEMM, DONNA
10805 FILMORE
BOYNTON BEACH, FL 33437** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DONALD KLEMM
10805 FILMORE DRIVE
BOYNTON BEACH, FL 33437** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SCHERER, HOWARD
6140 BLUEGRASS DRIVE
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Stanley Gavlick

HOWARD SCHERER

1/5/2007

561 735 4558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #