

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90032 029 ****61.25

DOCUMENT # 720087

1. Entity Name

MIAMI LIONS CLUB FOUNDATION, INC.



Principal Place of Business

601 SW 8TH AVE
MIAMI FL 33130

Mailing Address

601 SW 8TH AVE
MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1002490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAGE, M. MARIE
1187 MOTORCOACH DRIVE
POLK CITY FL 33868

7. Name and Address of New Registered Agent

Name GAGE, M. MARIE

Street Address (P.O. Box Number is Not Acceptable)
4616 S.W. 139 COURT # C

City MIAMI

FL

Zip Code
33175

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE D ☐ Delete
NAME CASTRO, HENRY
STREET ADDRESS 10400 SW 77TH COURT
CITY-ST-ZIP MIAMI FL 33176

TITLE SD ☐ Delete
NAME GAGE, M. MARIE
STREET ADDRESS 1187 MOTORCOACH DRIVE
CITY-ST-ZIP POLK CITY FL 33868

TITLE TD ☐ Delete
NAME FERRER, HECTOR A
STREET ADDRESS 1756 NW 16TH STREET
CITY-ST-ZIP MIAMI FL 33125

TITLE PD ☒ Delete
NAME EDURIEL, ACEVEDO
STREET ADDRESS 7441 WAYNE AVE, # 7-H
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SD ☒ Change ☐ Addition
NAME GAGE, M. MARIE
STREET ADDRESS 4616 S.W. 139 Ct. # C
CITY-ST-ZIP MIAMI - FLA 33175

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

TITLE PD ☒ Change ☐ Addition
NAME GREGORY WERRA
STREET ADDRESS 700 BRICKELL AVE - 4th Floor
CITY-ST-ZIP MIAMI - FLA 33131

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Hector A. Ferrer / Hector A. Ferrer

3/7/06

305-326-8290