## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Jan 18, 2007 8:00 am **Secretary of State DOCUMENT #765886** 01-18-2007 90097 042 \*\*\*\*61.25 DANÍA LIONS CLUB, INC. Principal Place of Business Mailing Address 2655#59T Sol S、いりは AVE PO BOX 681 KUUUJJJ DANIA, FL 33004 DANIA, FL 33004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072007 Cha-NP CR2E037 (12/06) 4. FEI Number 65-0692229 City & State City & State Applied For Not Applicable Ζiρ Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COSTELLO, RON Street Address (P.O. Box Number is Not Acceptable) 262 SW 8TH ST. **DANIA, FL 33004** City 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 $\Box$ Trust Fund Contribution. Fiorida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE COSTELLO, RON NAME NAME STREET ADDRESS 262 SW 8TH ST STREET ADDRESS CITY-ST-ZIP DANIA, FL 33004 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition SILVERNALE, JUNE NAME NAME STREET ADDRESS 275 SW 9TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DANIA, FL 33004** Change ☐ Addition ☐ Delete TITLE NAME HUTCHINGS, RUTH NAME STREET ADDRESS STREET ADDRESS 33 S.E. 4TH ST. CITY-ST-ZIP **DANIA, FL 33004** C(TY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition SILVERNALE Jim SILVERNALE, JIM NAME NAME 2945, W 91 ST. STREET ADDRESS 1413 SW 18 CT STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33315 CITY-ST-ZIP Dania Brach, FLORIDA ☐ Delete TITLE Change ☐ Addition TITLE KUBETZ, HANK NAME NAME 1201 S. OCEAN DR. APT 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP Delete ππε Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

12. I hereby certify that the information supplied with this filling 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:

BIGNATURE AN TYPED OR PRINTED NAME OF SIG

KONALD COSTELLO 1/15/07

FILED