

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001268

FILED  
Mar 10, 2006  
Secretary of State

Entity Name: PALM COAST LIONS CHARITIES, INC.

## Current Principal Place of Business:

P.O. BOX 350879  
PALM COAST, FL 321350879

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 350879  
PALM COAST, FL 321350879

## New Mailing Address:

FEI Number: 59-3624247

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EARNSHAW, JANET  
14 WOODWARD LANE  
PALM COAST, FL 32164 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RHEE, KEE  
Address: 36 CLEARVIEW CT N  
City-St-Zip: PALM COAST, FL 32137

Title: VD ( ) Delete  
Name: LAIRD, GERALD  
Address: 69 BRITTANY LANE  
City-St-Zip: PALM COAST, FL 32137

Title: VD ( ) Delete  
Name: BENGSTON, EDWARD  
Address: 24 BISCAY LANE  
City-St-Zip: PALM COAST, FL 32137

Title: VD ( ) Delete  
Name: NIEDZWIECKI, STANLEY  
Address: 18 WOODGLEN PL  
City-St-Zip: PALM COAST, FL 32137

Title: TD ( ) Delete  
Name: RITCHIE, JOHN  
Address: 62 WOODWORTH DRIVE  
City-St-Zip: PALM COAST, FL 32164

Title: SD ( ) Delete  
Name: EARNSHAW, JANET  
Address: 14 WOODWARD LANE  
City-St-Zip: PALM COAST, FL 32164

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: COHEN, JACK  
Address: 96 FELWOOD LN.  
City-St-Zip: PALM COAST, FL 32137

Title: P (X) Change ( ) Addition  
Name: LAIRD, GERALD  
Address: 69 BRITTANY LANE  
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN RITCHIE

T

03/10/2006

Electronic Signature of Signing Officer or Director

Date