

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001268

FILED
Apr 07, 2008
Secretary of State

Entity Name: PALM COAST LIONS CHARITIES, INC.

Current Principal Place of Business:

102 FERNDAL LN.
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350879
PALM COAST, FL 32135

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:

CROWLEY, KENNETH
102 FERNDAL LN.
PALM COAST, FL 32137 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: VD () Delete
Name: COHEN, JACK
Address: 241 OSPREY LN.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VD () Delete
Name: MONAHAN, MARGARET
Address: 21 FAIRHILL LN.
City-St-Zip: PALM COAST, FL 32137

Title: P () 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: CROWLEY, KENNETH
Address: 102 FERNDAL LN.
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NIEDZWIECKI, STANLEY
Address: 18 WOODGLEN PL.
City-St-Zip: PALM COAST, FL 32164

Title: VD (X) Change () Addition
Name: COHEN, JACK
Address: 241 OSPREY LN.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VD (X) Change () Addition
Name: HAGINS, CLARENCE
Address: 185 WESTHAMPTON DR.
City-St-Zip: PALM COAST, FL 32164

Title: VD (X) Change () Addition
Name: MAYS, JAMES
Address: 10 EHRLING LN.
City-St-Zip: PALM COAST, FL 32164

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 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: KENNETH CROWLEY

SD

04/07/2008

Electronic Signature of Signing Officer or Director

Date