

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001268

FILED  
Apr 06, 2009  
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: P ( ) Delete  
Name: NIEDZWIECKI, STANLEY  
Address: 18 WOODGLEN PL.  
City-St-Zip: PALM COAST, FL 32164

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

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

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

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: COHEN, JACK  
Address: 21 OSPREY LN.  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VD (X) Change ( ) Addition  
Name: BAILEY, DAVID  
Address: 44 LANCELOT DR.  
City-St-Zip: PALM COAST, FL 32137

Title: VD (X) Change ( ) Addition  
Name: RICHARDS, CARY  
Address: 156 LOOKOUT DR.  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VD (X) Change ( ) Addition  
Name: JOHNNAN, RALPH  
Address: 5 MORINGTON LN.  
City-St-Zip: FLAGLER BEACH, FL 32136

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: JOHN RITCHIE

T

04/06/2009

Electronic Signature of Signing Officer or Director

Date