

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

DOCUMENT# N02000008170

**Entity Name:** THE LAKE ALFRED LIONS FOUNDATION, INC.

**Current Principal Place of Business:**

175 N NEKOMA AVENUE  
LAKE ALFRED, FL 33850 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1401  
LAKE ALFRED, FL 33850 US

**New Mailing Address:**

**FEI Number:** 52-2384014      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAWCETT, DAVID L  
450 WEST ORANGE ST  
LAKE ALFRED, FL 33850 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: D ( ) Delete  
Name: CARTWRIGHT, BARRY  
Address: 34 KIMBERLY CT  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: V ( ) Delete  
Name: WILLIAMS, HARRY  
Address: 1980 STONEBRIDGE SW  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: P ( ) Delete  
Name: DUSTIN, ELAINE  
Address: 70 WINTER RIDGE ROAD  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: S ( ) Delete  
Name: ANDERSON, MARILYN  
Address: 250 E COLUMBIA STREET  
City-St-Zip: LAKE ALFRED, FL 33850 US

Title: D (X) Delete  
Name: HESTER, NANCY  
Address: 2798 AVE N NW  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: T ( ) Delete  
Name: FAWCETT, DAVID  
Address: 450 W ORANGE ST  
City-St-Zip: LAKE ALFRED, FL 33850 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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: DAVID FAWCETT

T

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date