

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008170

FILED
Apr 28, 2007
Secretary of State

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: 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: S (X) Change () Addition
Name: HESTER, GEORGIANNA
Address: 720 CENTRAL PARKE #104
City-St-Zip: LAKELAND, FL 33805 US

Title: D (X) Change () Addition
Name: ANDERSON, MARILYN
Address: 250 E COLUMBIA STREET
City-St-Zip: LAKE ALFRED, FL 33850 US

Title: D (X) Change () Addition
Name: FAWCETT, DAVID
Address: 450 W ORANGE ST
City-St-Zip: LAKE ALFRED, FL 33850 US

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: DAVID FAWCETT

D

04/28/2007

Electronic Signature of Signing Officer or Director

Date