

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/31/2006-90003-033-\$61.25-\$61.25

DOCUMENT # N05000003060

1. Entity Name
THE LIONS CLUB FOUNDATION OF THE PALM BEACHES, INC.



FILED

06 OCT 16 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**7540 CLARKE ROAD
WEST PALM BEACH FL 33406**

Mailing Address
**POST OFFICE BOX 6014
WEST PALM BEACH FL 33405**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
20-3407752

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

2nd MOORE CR2E037 (4/06)

6. Name and Address of Current Registered Agent
**HERRICK, MARK H
7540 CLARKE ROAD
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE _____

**FILE NOW: FEE IS \$61.25
Due By September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT + Director MARK H. HERRICK 7540 CLARKE RD WEST PALM BEACH FL 33406	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY + Director TIMOTHY CANEW 3 VIA PARIGI PALM BEACH, FL 33480	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER + Director ALLEN PRESTON 542 CHERRY RD. WEST PALM BEACH, FL 33409	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark H. Herrick **MARK H. HERRICK** 8-25-2006 (561) 967-1562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #