

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000003060

1. Entity Name

**THE LIONS CLUB FOUNDATION OF THE PALM
BEACHES, INC.**



Principal Place of Business

**7540 CLARKE ROAD
WEST PALM BEACH, FL 33406**

Mailing Address

**POST OFFICE BOX 6014
WEST PALM BEACH, FL 33405**

FILED
Aug 27, 2008 08:00 AM
Secretary of State



08222008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3407752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HERRICK, MARK H
7540 CLARKE ROAD
WEST PALM BEACH, FL 33406**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME HERRICK, MARK H
STREET ADDRESS 7540 CLARKE ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33406**

**TITLE SD
NAME CAREW, TIMOTHY
STREET ADDRESS 3 VIA PARIGI
CITY-ST-ZIP PALM BEACH, FL 33480**

**TITLE TD
NAME PRESTON, ALLEN
STREET ADDRESS 542 CHERRY RD
CITY-ST-ZIP WEST PALM BEACH, FL 33409**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

U00000958433
08/27/08-80002-007 61.25

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 25, 2008 (561) 967 1962

Date

Daytime Phone #