## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003060

FILED Jan 26, 2009 Secretary of State

Entity Name: THE LIONS CLUB FOUNDATION OF THE PALM BEACHES, INC. **Current Principal Place of Business: New Principal Place of Business:** 7540 CLARKE ROAD WEST PALM BEACH, FL 33406 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 6014 WEST PALM BEACH, FL 33405 FEI Number: 20-3407752 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERRICK, MARK H 7540 CLARKE ROAD WEST PALM BEACH, FL 33406 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HERRICH, MARK H Name: Name: Address: 7540 CLARKE ROAD Address: City-St-Zip: WEST PALM BEACH, FL 33406 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: CAREW, TIMOTHY Name: Address: 3 VIA PARIGI Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition PRESTON, ALLEN Name: Name: Address: 542 CHERRY RD Address: City-St-Zip: WEST PALM BEACH, FL 33409 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: TIMOTHY L. CAREW SD 01/26/2009