

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90073 015 \*\*\*\*61.25

<b>DOCUMENT # N05000004500</b> 1. Entity Name <b>THE LANTANA LIONS FOUNDATION, INC.</b>					
Principal Place of Business P.O. BOX 3941 LANTANA, FL 33462-3941				Mailing Address P.O. BOX 3941 LANTANA, FL 33462-3941	
2. Principal Place of Business <b>Po Box 3941</b>		3. Mailing Address <b>Po Box 3941</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172006 Chg-NP CR2E037 (11/05)	
City & State <b>LANTANA FL</b>		City & State <b>LANTANA FL</b>		4. FEI Number <b>20-2723758</b>	
Zip <b>33462</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPRY, JACK E</b> <b>1001 PL HILL DR</b> <b>P PALM BCH, FL 33417-5700</b>		7. Name and Address of New Registered Agent Name <b>CLEM MENDICINO</b> Street Address (P.O. Box Number is Not Acceptable) <b>3080 LAKE OSBORNE DR. #208</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33461</b>			
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 <u><i>Clem Mendicino</i></u> <span style="float: right;">2/2/2006</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <span style="float: right;"><b>Make check payable to Florida Department of State</b></span>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRY, MARY A 1001 PARK HILL RD W PALM BCH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. CLEM MENDICINO 3080 LAKE OSBORNE DR. #208 LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDICINO, CLEM 3080 LAKE OSBORNE DR #208 LAKE WORTH, FL 33481	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. LOLA MENDICINO 3080 LAKE OSBORNE DR. #208 LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BOB 3320 LAKE OSBORNE DR #103 LAKE WORTH, FL 33481	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. BOB WILLIAMS 3320 LAKE OSBORNE DR. #103 LAKE WORTH FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Clem Mendicino</i></u> <span style="float: right;">2/2/2006</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					