



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90040 007 \*\*\*\*61.25

<b>DOCUMENT # N05000004500</b> 1. Entity Name <b>THE LANTANA LIONS FOUNDATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 3941</b> <b>LANTANA, FL 33462-3941</b>				Mailing Address <b>P.O. BOX 3941</b> <b>LANTANA, FL 33462-3941</b>	
2. Principal Place of Business - No P.O. Box # <b>MURRY HILLS CRAFT ROOM</b>		3. Mailing Address <b>3240 CYNTHIA LANE</b>			
Suite, Apt. #, etc. <b>3240 CYNTHIA LANE</b>		Suite, Apt. #, etc. 			
City & State <b>LAKE WORTH FL</b>		City & State <b>FL</b>			
Zip <b>33461</b>		Country <b>USA</b>			
4. FEI Number <b>20-2723758</b>		Applied For <input type="checkbox"/> Not Applicable		07172007 Chg-NP CR2E037 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent  <b>MENDICINO, CLEM</b> <b>3080 LAKE OSBORNE DR</b> <b>#208</b> <b>LAKE WORTH, FL 33461</b>	
7. Name and Address of New Registered Agent Name <del>KUCHINSKY, TOM</del> Street Address (P.O. Box Number is Not Acceptable) <del>3650 PATIO COURT</del> City <del>LAKE WORTH</del> <b>FL</b> Zip Code <del>33461</del>					
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>Clem Mendicino</u> <span style="float: right;">July 17 2007</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>P</b> NAME <b>MENDICINO, LOLA</b> STREET ADDRESS <b>3080 LAKE OSBORNE DR. #208</b> CITY-ST-ZIP <b>LAKE WORTH, FL 33461</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>WILLIAMS, BOB</b> STREET ADDRESS <b>3320 LAKE OSBORNE DR. #103</b> CITY-ST-ZIP <b>LAKE WORTH FL 33461</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>S</b> NAME <b>MENDICINO, CLEM</b> STREET ADDRESS <b>3080 LAKE OSBORNE DR #208</b> CITY-ST-ZIP <b>LAKE WORTH, FL 33461</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>S</b> NAME <b>KUCHINSKY, TOM</b> STREET ADDRESS <b>3650 PATIO COURT</b> CITY-ST-ZIP <b>LAKE WORTH FL, 33461</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>T</b> NAME <b>WILLIAMS, BOB</b> STREET ADDRESS <b>3320 LAKE OSBORNE DR #103</b> CITY-ST-ZIP <b>LAKE WORTH, FL 33461</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>T</b> NAME <b>MENDICINO, LOLA</b> STREET ADDRESS <b>3080 LAKE OSBORNE DR. #208</b> CITY-ST-ZIP <b>LAKE WORTH FL 33461</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <del>ASSIST. SEC.</del> NAME <del>MENDICINO, CLEM</del> STREET ADDRESS <del>3080 LAKE OSBORNE DR. #208</del> CITY-ST-ZIP <del>LAKE WORTH FL 33461</del>	<input type="checkbox"/> Delete		TITLE <b>ASSIST. SEC.</b> NAME <b>MENDICINO, CLEM</b> STREET ADDRESS <b>3080 LAKE OSBORNE DR. #208</b> CITY-ST-ZIP <b>LAKE WORTH FL 33461</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <u>Clem Mendicino</u> ASSISTANT SECRETARY July 17 2007 561-533 0274</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					