

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000004500

1. Entity Name  
THE LANTANA LIONS FOUNDATION, INC.



Principal Place of Business

MURRY HILLS CRAFT ROOM  
3240 CYNTHIA LANE  
LAKE WORTH, FL 33461

Mailing Address

3240 CYNTHIA LANE  
LAKE WORTH, FL 33461

**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2723758

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MENDICINO, CLEM  
3080 LAKE OSBORNE DR  
#208  
LAKE WORTH, FL 33461

**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	P
NAME	WILLIAMS, BOB
STREET ADDRESS	3320 LAKE OSBURN DR #108
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	S
NAME	KUCHINSKY, TOM
STREET ADDRESS	3650 PATIO CRT
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	T
NAME	MENDICINO, LOLA
STREET ADDRESS	3080 LAKE OSBORNE DR #208
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	AS
NAME	MENDICINO, CLEM
STREET ADDRESS	3080 LAKE OSBURN DR #208
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000954515  
07/14/08-80004-007 61.25

**DO NOT WRITE  
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:

*Clement Mendicino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 July 2008 561 533 0274

Date

Daytime Phone #