

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90002 039 \*\*\*\*61.25

00011000



01122006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N05000004501</b> 1. Entity Name <b>THE SOUTH ORANGE COUNTY LIONS FOUNDATION, INC.</b>					
Principal Place of Business <del>1720 WOODSIDE CT</del> <del>KISSIMEE, FL 34744</del>				Mailing Address <del>1720 WOODSIDE CT</del> <del>KISSIMEE, FL 34744</del>	
2. Principal Place of Business <b>2626 HOFFMAN DR.</b>		3. Mailing Address <b>2626 HOFFMAN DR.</b>		4. FEI Number <b>201864552</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite Apt. #, etc. 		Suite Apt. #, etc. 			
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>			
Zip <b>32837</b>	Country <b>US</b>	Zip <b>32837</b>	Country <b>US</b>		
6. Name and Address of Current Registered Agent <b>HENNIGHAN, ELIZABETH</b> <b>2626 HOFFMAN DR</b> <b>ORLANDO, FL 32837</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Make check payable to Florida Department of State</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARY L 3906 QUANDO DR ORLANDO, FL 32802	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILKS, DANIELLE R 1234 WINDMILL RIDGE LOOP ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORTORELLI, BILL 3828 AVON CT CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENNIGHAN, JAMES 2626 HOFFMAN DR. ORLANDO, FL. 32837 <input type="checkbox"/> Change <input checked="" 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	TD HENNIGHAN ELIZABETH 2626 HOFFMAN DR. ORLANDO, FL. 32837 <input type="checkbox"/> Change <input checked="" 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
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
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:</b>				1-30-06 407-240-9512 <small>Date Daytime Phone #</small>	