


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000004501</b>	
1. Entity Name <b>THE SOUTH ORANGE COUNTY LIONS FOUNDATION, INC.</b>	

Principal Place of Business <b>2626 HOFFMAN DR ORLANDO, FL 32837</b>	Mailing Address <b>2626 HOFFMAN DR ORLANDO, FL 32837</b>
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DO NOT WRITE IN THIS SPACE



06302007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-1864552</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HENNIGHAN, ELIZABETH 2626 HOFFMAN DR ORLANDO, FL 32837</b>
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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)</small>	DATE _____
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<b>Filing Fee is \$61.25 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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, MARY L 3906 QUANDO DR ORLANDO, FL 32802</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DILKS, DANIELLE R 1234 WINDMILL RIDGE LOOP ORLANDO, FL 32828</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HENNIGMAN, JAMES 2626 HOFFMAN DR ORLANDO, FL 32837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HENNIGHAN, ELIZABETH 2626 HOFFMAN DR ORLANDO, FL 32837</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/05/07-80008-009 70.00

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>  <b>ELIZABETH HENNIGHAN</b>	<b>6-30-07</b> Date	<b>407-240-9512</b> Daytime Phone #
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