2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 27, 2007 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State		
DOCUMENT # N05000004705				¥&	08-27-2007	90033 017 ****	51.25
1. Entity Name THE PALM BEACH GARDENS LIONS FOUNDATION, INC.							
	e of Business LAND LAKES DR.	Mailing Address 5095 WOODLAND LAKES	: np		. •		
	I GARDENS, FL 33418	PALM BEACH GARDENS,		,			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5/D SwffT Bry Circle 5/05 wffT Bry Circle 5. Suite, Apt. #, etc. Suite, Apt. #, etc.				R.	 		III Ei IIII
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	77	0817200	7 Chg-NP	CR2E037 (12/06)	
City & Stat	DITER, FLA.	City & State Jup TER	DITER, FLA.		nber 362774		plied For Applicable
334	PAPPUTIVBEACH GARDENS	33458	PALM BEAC	5. Certific	ate of Status Desired	S8.75 Add Fee Required	
6. Name and Address of Current Registered Agent Name				7. Name a	7. Name and Address of New Registered Agent		
MATTINGLY, WILLIAM A. 5095 WOODLAND LAKES DR. Street Address				ALTO LI dress (PO Box Nur	Mber is Not Acceptable)	LSTER	
PALM BEACH GARDENS, FL 33418				D SWE	CT BALL	Cipel	
City Ju				Tuni	TED	FL Zip Code	158
	e named entity submits this statement for titions of registered agent.	he purpose of changing its n	egistered office or r	registered agent, or	both, in the State of Flor	ida I am familiar with,	and accept
SIGNATURE	alton a B	leter H	LTON F	7 BoL	STER O	8-21-0	7
SIGNATORE	Signature, typed or printed name of registered agent an	d title il applicable (NOTE		e required when reinstaling		DAIF	
Filing Fee is \$61.25 Due by September 14, 2007 9. Election Campaig Trust Fund Contril					,		
D	-			\$5.00 Ma Added to Fe	,, 00	ike check payable to da Department of St	1
10.	-	Trust Fund Co	entribution [Added to Fe	CHANGES TO OFFICER	da Department of St	ate
10.	OFFICERS AND DIRE	Trust Fund Co	11. IITLE NAME	Added to Fe	CHANGES TO OFFICER	da Department of St IS AND DIRECTORS IN Change	ate
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRE D FLEAGLE, NOREEN 2300 WARE DRIVE	Trust Fund Co	ntribution E 11. IITLE NAME STREET ADDRESS	Added to Fe ADDITIONS/ FRESI d E A David V U 301 LAKE	CHANGES TO OFFICER THOSE TO OFFICER TO THE	da Department of St IS AND DIRECTORS IN IM Change	10
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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.

CITY ST-ZIP

CITY-ST ZIP

SIGNATURE: Olton Q Bolster ALTON A BOLSTER 8-71-07 561-626-501