

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

08-27-2007 90033 017 \*\*\*\*61.25

<b>DOCUMENT # N05000004705</b>			
<b>1. Entity Name</b> THE PALM BEACH GARDENS LIONS FOUNDATION, INC.			
<b>Principal Place of Business</b> 5095 WOODLAND LAKES DR. PALM BEACH GARDENS, FL 33418		<b>Mailing Address</b> 5095 WOODLAND LAKES DR. PALM BEACH GARDENS, FL 33418	
<b>2. Principal Place of Business - No P.O. Box #</b> 510 SWEET BAY CIRCLE		<b>3. Mailing Address</b> 510 SWEET BAY CIR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> JUPITER, FLA.		<b>City &amp; State</b> JUPITER, FLA.	
<b>Zip</b> 33458		<b>Zip</b> 33458	
<b>Country</b> PALM BEACH GARDENS		<b>Country</b> PALM BEACH	
<b>4. FEI Number</b> 20-2362774		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MATTINGLY, WILLIAM A. 5095 WOODLAND LAKES DR. PALM BEACH GARDENS, FL 33418		<b>7. Name and Address of New Registered Agent</b> Name: ALTON A BOLSTER Street Address (P.O. Box Number is Not Acceptable): 510 SWEET BAY CIRCLE City: JUPITER FL Zip Code: 33458	
<b>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.</b>			
SIGNATURE: <u>Alton A Bolster</u> ALTON A BOLSTER 8-21-07 <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 September 14, 2007</b>		<b>9. Election Campaign Financing</b> 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>	
<b>TITLE</b> D <b>NAME</b> FLEAGLE, NOREEN <b>STREET ADDRESS</b> 2300 WARE DRIVE <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PRESIDENT <b>NAME</b> DAVID V WILLEY <b>STREET ADDRESS</b> 301 LAKE SHORE DR APT 202 <b>CITY-ST-ZIP</b> LAKE PARK, FL 33403-3504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> FLEAGLE, JERRY <b>STREET ADDRESS</b> 2300 WARE DR. <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> SECRETARY <b>NAME</b> MARGARET Z. BOEHM <b>STREET ADDRESS</b> 5440 N OCEAN DR. #505 <b>CITY-ST-ZIP</b> RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> RICHMOND, MICHAEL <b>STREET ADDRESS</b> 5758 SUGARWOOD CT. <b>CITY-ST-ZIP</b> JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> TREASURER <b>NAME</b> ALTON A BOLSTER <b>STREET ADDRESS</b> 510 SWEET BAY CIRCLE <b>CITY-ST-ZIP</b> JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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>			
<b>SIGNATURE:</b> <u>Alton A Bolster</u> ALTON A BOLSTER 8-21-07 561-626-5011 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			