

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90037 021 ****61.25

DOCUMENT # N05000004705

1. Entity Name
THE PALM BEACH GARDENS LIONS FOUNDATION, INC.



Principal Place of Business
**510 SWEET BAY CIRCLE
JUPITER, FL 33458**

Mailing Address
**510 SWEET BAY CIRCLE
JUPITER, FL 33458**

40057580



01112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-2362774

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOLSTER, ALTON
510 SWEET BAY CIRCLE
JUPITER, FL 33458**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Alton A. Bolster ALTON A. BOLSTER TREASURER 3-19-08
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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **WILLEY, DAVID**
STREET ADDRESS **301 LAKE SHORE DR APT #202**
CITY-ST-ZIP **LAKE PARK, FL 33403**

TITLE **P** ☒ Change ☐ Addition
NAME **HENRY JERRY FLEAGLE**
STREET ADDRESS **2300 WARE DRIVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **S** ☐ Delete
NAME **BOEHM, MARGARET Z**
STREET ADDRESS **5440 N. OCEAN DR #505**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BOLSTER, ALTON**
STREET ADDRESS **510 SWEET BAY CIRCLE**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: Alton A. Bolster ALTON A. BOLSTER 3-19-08 561-626-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #