

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

04-13-2006 90304 032 ****61.25

DOCUMENT # N05000005271

1. Entity Name

THE PORT ST. LUCIE LIONS FOUNDATION, INC.



Principal Place of Business

PO BOX 85-7126
PORT ST LUCIE FL 34985

Mailing Address

PO BOX 85-7126
PORT ST LUCIE FL 34985

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

51-0153017

Applied For

Not Applicable

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

HULL, JACQUELINE
610 NW MARION AVE.
PORT ST LUCIE FL 34983

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 D ☒ Delete
NAME PULS, CAROLYN
STREET ADDRESS 1103 KINGSWOOD LN
CITY-STATE-ZIP FORT PIERCE FL 34982

TITLE PD ☐ Change ☒ Addition
NAME Mickles, Debora
STREET ADDRESS 1529 SW Hickok Ter
CITY-STATE-ZIP Port St. Lucie, FL 34983

TITLE D ☐ Delete
NAME BRIGHT, HAROLD
STREET ADDRESS 5 SILVER OAK LN
CITY-STATE-ZIP PORT ST LUCIE FL 34952

TITLE D ☐ Change ☒ Addition
NAME John Della Vedova, John
STREET ADDRESS 102 SW Majestic Terr
CITY-STATE-ZIP Port St. Lucie, FL 34984

TITLE TD ☐ Delete
NAME HOLLINS, CARL
STREET ADDRESS 1792 SW COCHRAN ST.
CITY-STATE-ZIP PORT ST. LUCIE FL 34953

TITLE SO ☐ Change ☒ Addition
NAME Hall, Jackie
STREET ADDRESS 610 Marion Ave
CITY-STATE-ZIP Port St. Lucie, FL 34983

TITLE D ☐ Delete
NAME Della Vedova, John
STREET ADDRESS 102 SW
CITY-STATE-ZIP

TITLE D ☐ Change ☒ Addition
NAME Baptiste, Arthur
STREET ADDRESS 1674 SE Dome Circle
CITY-STATE-ZIP Port St. Lucie, FL 34982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

C. L. Hollins

4/8/06

772-579-9676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number