


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90043 009 ****61.25

DOCUMENT # N06000010132 1. Entity Name THE ELLENTON - PARRISH LIONS FOUNDATION, INC.						
Principal Place of Business C/O HELEN ARNOLD 5530 46TH ST-E. BRADENTON, FL 34203			Mailing Address C/O HELEN ARNOLD 5530 46TH ST-E. BRADENTON, FL 34203			
2. Principal Place of Business - No P.O. Box # 9709 ROSARIO DR.		3. Mailing Address 9709 ROSARIO DR.				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 				
City & State PARRISH FL		City & State PARRISH FL		4. FEI Number 20-5464600		
Zip 34219		Country USA		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent BINCK, DONALD 9930 CAPE HAZE CIR PARRISH, FL 34219-9457			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <u>Donald Binck</u> 2/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D BINCK, DONALD 9930 CAPE HAZE CIR PARRISH, FL 34219		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, HELEN 5530 46 ST E BRADENTON, FL 34203		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HELEN ARNOLD 9709 ROSARIO DR. PARRISH, FL 34219	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURTRIGHT, PHIL 9704 ROSARIO DR PARRISH, FL 34219		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Donald Binck</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/10/07</u> <small>Daytime Phone #</small>			