

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90835 039 ****61.25

DOCUMENT # N20273 <small>1. Entity Name</small> FORT LAUDERDALE LIONS CLUB, INC.					
<small>Principal Place of Business</small> C/O STEPHEN B ROSENTHAL 8142 NO UNIVERSITY DR TAMARAC, FL 33321 US			<small>Mailing Address</small> 8142 N. UNIVERSITY DR. TAMARAC, FL 33321 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>			
<small>City & State</small>		<small>City & State</small>		04272007 Chg-NP CR2E037 (12/06)	
<small>Zip</small>		<small>Country</small>		<small>4. FEI Number</small> 59-6170009	
<small>Zip</small>		<small>Country</small>		<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSENTHAL STEPHEN B-ESQ 8142 N UNIVERSITY DR TAMARAC, FL 33321				<small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>	
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>STEPHEN ROSENTHAL ESQ</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				<u>04-27-2007</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <small>Trust Fund Contribution.</small> <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	T. BRAUSS, JIM 1528 NW 4 AVE FT LAUDERDALE, FL		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	 	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D LANE, SAMUEL R 10821 NW 6TH ST PLANTATION, FL 33324		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	 	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P ROSENTHAL, STEPHEN B 8142 N UNIVERSITY DR TAMARAC, FL 33321		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D ROBERT C BRAUSS Jr 3628 S.W. 23rd CT Ft. Lauderdale, FL 33312	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D CRAM, LORRIE 5240 S.W. 26 AVE FT. LAUDERDALE, FL 33312		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	 	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D SKINNER, SELWYN 17451 SW 33RD ST MIRAMAR, FL 33025		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P SKINNER, Selwyn 17451 SW 33rd ST MIRAMAR, FL 33025	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	S BRAUSS, ORA MAE 3628 SW 23RD CT FORT LAUDERDALE, FL 33312		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	 	
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>James R Brauss (T)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/27/2007</u> <u>954 7646906</u> <small>Date Daytime Phone #</small>		