

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20273

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: FORT LAUDERDALE LIONS CLUB, INC.

## Current Principal Place of Business:

C/O STEPHEN B ROSENTHAL  
8142 NO UNIVERSITY DR  
TAMARAC, FL 33321 US

## New Principal Place of Business:

## Current Mailing Address:

8142 N. UNIVERSITY DR.  
TAMARAC, FL 33321 US

## New Mailing Address:

FEI Number: 59-6170009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSENTHAL STEPHEN B ESQ  
8142 N UNIVERSITY DR  
TAMARAC, FL 33321 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: BRAUSS, JIM  
Address: 1528 NW 4 AVE  
City-St-Zip: FT LAUDERDALE, FL 33304

Title: D ( ) Delete  
Name: LANE, SAMUEL R  
Address: 10821 NW 6TH ST  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: BRAUSS JR, ROBERT C  
Address: 3628 S.W. 23RD CT  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: CRAM, LORRIE  
Address: 5240 S.W. 26 AVE  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: SKINNER, SELWYN  
Address: 17451 SW 33RD ST  
City-St-Zip: MIRAMAR, FL 33025

Title: S ( ) Delete  
Name: BRAUSS, ORA MAE  
Address: 3628 SW 23RD CT  
City-St-Zip: FORT LAUDERDALE, FL 33312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R BRAUSS

T

04/08/2009

Electronic Signature of Signing Officer or Director

Date