2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State
03-13-2006 90060 022 ****61.25

DOCUMENT # N40102

1. Entity Name
LIONS OF DISTRICT 35-0 YOUTH EXCHANGE SCHOLARSHIP TRUST FUND, INC.

Principal Place of Business	Mailing Address
PO BOX 351604 PALM COAST, FL 32135-1604	PO BOX 351604 PALM COAST, FL 32135-1604

03072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2439692 ☐ 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
REICHARD, SHELDON E 63 RIVER TRAIL DR. PALM COAST, FL 32137	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 reinstating) DATE

Filing 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CHR SIRACUSA, RAY 951 E. SOUTH LAKEWOOD TERRACE PORT ORANGE, FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHR HESTER, GEORGE 705 CENTRAL PARK CIRCLE #104 LAKELAND, FL 33805	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HENNIGHAN, ELIZABETH 2626 HOFFMAN DR ORLANDO, FL 32837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SIRACUSA, RAY 951 E. SOUTH LAKEWOOD TERRACE PORT ORANGE, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIPEN, JACK 103 BELCHASE CT. DEBARY, FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORKMAN, GYLE 1421 PARK DR CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KINGSTROM, ARVADA 2536 RECTOR AVE. ORLANDO, FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SHELDON, REICHARD 57 COVINGTON LANE PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Sheldon E. Reichard SHELDON E. REICHARD 03/08/2006 (386)445-9648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #