

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90038 049 ****61.25

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01092007 Chg-NP CR2E037 (12/06)

DOCUMENT # N40102					
1. Entity Name LIONS OF DISTRICT 35-0 YOUTH EXCHANGE SCHOLARSHIP TRUST FUND, INC.					
Principal Place of Business PO BOX 351604 PALM COAST, FL 32135-1604			Mailing Address PO BOX 351604 PALM COAST, FL 32135-1604		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2439692	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <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	CHR	<input checked="" type="checkbox"/> Delete	TITLE	CHR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESTER, GEORGE		NAME	ARNOLD, JAMES	
STREET ADDRESS	705 CENTRAL PK CIR 104		STREET ADDRESS	1129 LAKE ELLA RD	
CITY-ST-ZIP	LAKELAND, FL 33805		CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRACUSA, RAY		NAME		
STREET ADDRESS	951 E S LAKE WOOD TERR		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPEN, JACK		NAME		
STREET ADDRESS	103 BELCHASE CT.		STREET ADDRESS		
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN, GYLE		NAME		
STREET ADDRESS	1421 PARK DR		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINGSTROM, ARVADA		NAME		
STREET ADDRESS	2536 RECTOR AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDON, REICHARD		NAME		
STREET ADDRESS	57 COVINGTON LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
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>Sheldon E Reichard</u> SHELDON E. REICHARD 01/17/2007 (386) 445-9068					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					