

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40102

FILED
Mar 18, 2009
Secretary of State

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

Current Principal Place of Business:

90 RAINTREE CIRCLE
PALM COAST, FL 32164

New Principal Place of Business:

63 RIVER TRAIL DRIVE
PALM COAST, FL 32137

Current Mailing Address:

PO BOX 351604
PALM COAST, FL 321351604

New Mailing Address:

FEI Number: 59-2439692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REICHARD, SHELDON E
90 RAINTREE CIRCLE
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

REICHARD, SHELDON E
63 RIVER TRAIL DRIVE
PALM COAST, FL 32137 US

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:

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHR () Delete
Name: HENNIGHAN, JAMES
Address: 2626 HOFFMAN DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: S () Delete
Name: SIRACUSA, RAY
Address: 951 E S LAKE WOOD TERR
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: PAINTER, EARLE
Address: P.O.BOX 92577
City-St-Zip: LAKELAND, FL 33804

Title: D () Delete
Name: WORKMAN, GYLE,
Address: 1421 PARK DR
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: KINGSTROM, ARVADA
Address: 2536 RECTOR AVE.
City-St-Zip: ORLANDO, FL 32818

Title: ST () Delete
Name: SHELDON, REICHARD
Address: P.O. BOX 351604
City-St-Zip: PALM COAST, FL 32135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHR (X) Change () Addition
Name: VONLAND, ROGER
Address: 524 GARY PLAYER RD
City-St-Zip: DAVENPORT, FL 33837

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: D (X) Change () Addition
Name: KINDSTROM, ARVADA
Address: 2536 RECTOR AVE.
City-St-Zip: ORLANDO, FL 32818

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: SHELDON REICHARD

ST

03/18/2009

Electronic Signature of Signing Officer or Director

Date