

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40102

FILED
Jan 11, 2011
Secretary of State

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

Current Principal Place of Business:

63 RIVER TRAIL DRIVE
PALM COAST, FL 32137

New Principal Place of Business:

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
63 RIVER TRAIL DRIVE
PALM COAST, FL 32137 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: CHR
Name: REICHARD, SHELDON
Address: 63 RIVER TRAIL DRIVE
City-St-Zip: PALM COAST, FL 32135 US

Title: S
Name: HENNIGHAN, ELIZABETH
Address: 2626 HOFFMAN DR
City-St-Zip: ORLANDO, FL 32837

Title: D
Name: THIBAUT, JEANNINE
Address: 102 HOLLY HILL RD
City-St-Zip: DAVENPORT, FL 33837

Title: D
Name: GREER, ANNE
Address: 1291 ST ANDREWS DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D
Name: KINDSTROM, ARVADA
Address: 2536 RECTOR AVE.
City-St-Zip: ORLANDO, FL 32818

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

I hereby 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 all other like empowered.

SIGNATURE: SHELDON E. REICHARD

ST

01/11/2011

Electronic Signature of Signing Officer or Director

Date