2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# N46755

Entity Name: PUNTA GORDA LIONS FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 510915
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510915
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-0308691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RINGELSTEIN, WILLIAM E.
1780 DEBORAH DR.,
UNIT 12
PUNTA GORDA, FL 33950 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:	D	( ) Delete
Name:	RUSSELL, CLAIRE	
Address:	26371 SEMINOLE LAKES BLVD.	
City-St-Zip:	PUNTA GORDA, FL 33955	
Title:	P	( ) Delete
Name:	HOVEL, GENE	
Address:	1000 KINGS HWY #335	
City-St-Zip:	PORT CHARLOTTE, FL 33980	
Title:	D	( ) Delete
Name:	ST.JOHN, LILLIAN	
Address:	17590 COCONUT PALM CT.	
City-St-Zip:	NORTH FORT MYERS, FL	
Title:	D	( ) Delete
Name:	FORD, LEON	
Address:	1000 KINGS HWY #471	
City-St-Zip:	PORT CHARLOTTE, FL	
Title:	SD	( ) Delete
Name:	RINGELSTEIN, WILLIAM	
Address:	1780 DEBORAH DR., UNIT 12	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	TD	( ) Delete
Name:	RIORDAN, ELLENORE	
Address:	19572 MIDWAY BLVD.	
City-St-Zip:	PORT CHARLOTTE, FL 33948	

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:	D	(X) Change ( ) Addition
Name:	RECKER, BERNIE	
Address:	15489 ORCHID DR	
City-St-Zip:	PUNTA GORDA, FL 33955	
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 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: WILLIAM RINGELSTEIN SD 01/09/2006

Electronic Signature of Signing Officer or Director — Date