

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46755

FILED
Mar 27, 2007
Secretary of State

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:

1780 DEBORAH DR
UNIT 12
PUNTA GORDA, FL 33950

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: RECKER, BERNIE
Address: 15489 ORCHID DR
City-St-Zip: PUNTA GORDA, FL 33955

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: P (X) Change () Addition
Name: BARBER, DIANE
Address: 1586 RED OAK LN
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VPD (X) Change () Addition
Name: FARINO, CHARLENE
Address: 525 GLENHOLM AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WESSON, DR. MICHAEL
Address: 1020 VIA TRIPOLI
City-St-Zip: PUNTA GORDA, FL 33950

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

03/27/2007

Electronic Signature of Signing Officer or Director

Date