

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90064 036 ****61.25

DOCUMENT # N46755

1. Entity Name
PUNTA GORDA LIONS FOUNDATION, INC.



Principal Place of Business
**1780 DEBORAH DR
UNIT 12
PUNTA GORDA, FL 33950**

Mailing Address
**P.O. BOX 510915
PUNTA GORDA, FL 33950**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0308691

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RINGELSTEIN, WILLIAM E.
1780 DEBORAH DR.,
UNIT 12
PUNTA GORDA, FL 33950**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete
NAME **RUSSELL, CLAIRE**
STREET ADDRESS **26371 SEMINOLE LAKES BLVD.**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE **D** ☐ Change ☒ Addition
NAME **EDGAR MATO**
STREET ADDRESS **2395 HARBOR BLVD. # 105-A**
CITY-ST-ZIP **PT. CHARLOTTE, FL 33952**

TITLE **P** ☐ Delete
NAME **BARBER, DIANE**
STREET ADDRESS **1586 RED OAK LN**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33948**

TITLE **P** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **FARINO, CHARLENE**
STREET ADDRESS **525 GLENHOLM AVE**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **VPD** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **RECKER, BERNIE**
STREET ADDRESS **15489 ORCHID DR**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE **D** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **RINGELSTEIN, WILLIAM**
STREET ADDRESS **1780 DEBORAH DR., UNIT 12**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **SD** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **WESSON, DR. MICHAEL**
STREET ADDRESS **1020 VIA TRIPOLI**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **TD** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

W.E. Ringelstein

W.E. RINGELSTEIN

1/7/08

941 637-9979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #