

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90023 045 ****61.25

DOCUMENT # N48321

1. Entity Name

PORT CHARLOTTE LIONS CLUB FOUNDATION, INC.



Principal Place of Business

PO BOX 494007
PT CHARLOTTE FL 33949

Mailing Address

PO BOX 494007
PT CHARLOTTE FL 33949

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

65-0322478

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

SHADE, RICHARD
21298 COTTONWOOD AVENUE
PORT CHARLOTTE FL 33952

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 **P** ☒ Delete
NAME **RICHMOND, ROGER**
STREET ADDRESS **21931 BUXTON AVE.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☒ Change ☐ Addition
NAME **Richmond, Roger**
STREET ADDRESS **18457 O'hara Drive**
CITY-ST-ZIP **Port Charlotte FL 33948**

TITLE **S** ☐ Delete
NAME **HEGARD, DOLORES**
STREET ADDRESS **22369 LAGUARDIA AVE.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE **T** ☐ Delete
NAME **SHADE, RICHARD**
STREET ADDRESS **21298 COTTONWOOD AVENUE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952-2628**

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

TITLE **D** ☐ Delete
NAME **CLYMER, ROBERT**
STREET ADDRESS **1469 DORCHESTER ST.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE **D** ☐ Delete
NAME **BUTLER, JUNE**
STREET ADDRESS **3153 KINGSTON ST.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE **D** ☐ Delete
NAME **BUTLER, ~~HOWARD~~ Harold**
STREET ADDRESS **3153 KINGSTON STREET**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Richard D. Shade **Richard Shade** **Treas.** **3-11-04** **941-627-1869**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #