


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90391 034 ****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
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2. Principal Place of Business - No P.O. Box # John Manning Suite, Apt. #, etc. 20128 Tappan Zee Dr. City & State Port Charlotte FL Zip 33952 Country USA	3. Mailing Address Port Charlotte Lions Club Suite, Apt. #, etc. PO Box 494007 City & State Port Charlotte FL Zip 33949 Country USA
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1st MOORE CR2E037 (10/06)

4. FEI Number 65-0322478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SHADE, RICHARD 21298 COTTONWOOD AVENUE PORT CHARLOTTE FL 33952	
7. Name and Address of New Registered Agent Name David L. Rhodes Street Address (P.O. Box Number is Not Acceptable) 3737 El Jobean Road City Port Charlotte FL Zip Code 33953-5611	

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 David L. Rhodes S/T *David L. Rhodes* 4/19/07
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANNING, JOHN 20128 TAPPANZEE DR PORT CHARLOTTE FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Inez Jones 22093 Seaton Port Charlotte FL 33954 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEGARD, DOLORES 22369 LAGUARDIA AVE. PORT CHARLOTTE FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T David L. Rhodes 3737 El Jobean Road Port Charlotte FL 33953-5611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHADE, RICHARD 21298 COTTONWOOD AVENUE PORT CHARLOTTE FL 33952-2628 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITCHARD, LYNDON 114 LENOIR ST NW PORT CHARLOTTE FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, JUNE 3153 KINGSTON ST. PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, HAROLD 3153 KINGSTON STREET PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David L. Rhodes *David L. Rhodes* 4/19/07 941-624-5311
Signature, typed or printed name of signing officer or director