05-01-2008 90210 010 ***61.00
N48321

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08 MAY 16 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N48321

1. Entity Name
PORT CHARLOTTE LIONS CLUB FOUNDATION, INC.

Principal Place of Business	Mailing Address
JOHN MANNING 20218 TAPPAN ZEE DR. PORT CHARLOTTE, FL 33952	PORT CHARLOTTE LIONS CLUB PO BOX 494007 PORT CHARLOTTE, FL 33949

04282008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
HAROLD BUTLER	
Suite, Apt. #, etc. 3153 KINGSTON STREET	Suite, Apt. #, etc.
City & State PORT CHARLOTTE FLORIDA	City & State
Zip 33952 Country USA	Zip Country

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
RHODES, DAVID L 3737 EL JOBEAN ROAD PORT CHARLOTTE, FL 33953	Name: HAROLD BUTLER Street Address (P.O. Box Number is Not Acceptable): 3153 KINGSTON STREET City: PORT CHARLOTTE FL Zip Code: 33952

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: Harold Butler Harold Butler 4-28-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P JONES, INEZ 22093 SEATON PORT CHARLOTTE, FL 33954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RHODES, DAVID L 3737 EL JOBEAN ROAD PORT CHARLOTTE, FL 33953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PRITCHARD, LYDIA 114 LENOIR ST SW PORT CHARLOTTE, FL 33953 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRITCHARD, LYNDON 114 LENOIR ST NW PORT CHARLOTTE, FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUTLER, JUNE 3153 KINGSTON ST. PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5/19 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUTLER, HAROLD 3153 KINGSTON STREET PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEGARD DOLORES 22369 LEGUARDIA AVE PORT CHARLOTTE, FL 33952 ☐ Change ☒ Addition

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: Harold Butler Harold Butler 4-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40089767

Port Charlotte Lions Club Foundation, Inc.
#N48321
Attachment

D
Hegard, John
22369 LeGuardia Ave.
Port Charlotte, FL 33952

D
Clymer, Robert
1469 Dorchester St.
Port Charlotte, FL 33952