## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000005555

FILED Aug 08, 2006 Secretary of State

Entity Name: THE CORAL WAY COLOMBIAN LIONS CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

15861 SW 85 LANE 8500 SUNRISE LAKE BLVD. MIAMI, FL 33193

BLDG 49, APT 304 SUNRISÉ, FL 33322

**Current Mailing Address: New Mailing Address:** 

16455 SW 236 STREET

HOMESTEAD, FL 33031 US

FEI Number: 65-0732738 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLARTE, LUIS 16455 SW 236 STREET HOMESTEAD, FL 33031 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete SANTACOLOMA, MARINO PRECIADO, MARIA Name: Name:

Address: 15861 SW 85 LANE Address: 8500 SUNRISE LAKE BLVD, BLDG 49, APT 304

SUNRISE, FL 33322 City-St-Zip: MIAMI, FL 33193 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

Name: PRECIADO, MARIA A Name: BEDOYA, OTTO 8500 SUNRISE BLVD.BUILDING 49 APT 34 Address: Address: 3015 NW 83 TERR City-St-Zip: PLANTATION, FL 33322 City-St-Zip: MIAMI, FL 33147

Title: () Delete Title: () Change () Addition

OLARTE, LUIS Name: Name: 16455 SW 236 ST Address: Address: City-St-Zip: HOMESTEAD, FL 33031 City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition

MIRON, ALMA Name: Name: FARKAS, SHIRLEY 5751 SW 58 PLACE Address: 23400 SW 187 AVE Address: City-St-Zip: HOMESTEAD, FL 33031 City-St-Zip: MIAMI, FL 33143

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: LUIS OLARTE Т 08/08/2006