

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N94000005555

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



Principal Place of Business
16455 SW 236 ST
HOMESTEAD, FL 33031 US

Mailing Address
16455 SW 236 STREET
HOMESTEAD, FL 33031 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

OLARTE, LUIS
16455 SW 236 STREET
HOMESTEAD, FL 33031

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

**Filing Fee is \$61.25
Due by September 12, 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

PD
BEDOYA, OTTO
3015 NW 83 TERR
MIAMI, FL 33147

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Luis OLARTE
16455 SW 236 ST.
Homestead, FL 33031

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
BEDOYA, HELENA
3015 NW 83 TERR
MIAMI, FL 33147

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
Mirley Farkas
5751 SW 58 ST.
Miami, FL 33143

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
OLARTE, LUIS
16455 SW 236 ST
HOMESTEAD, FL 33031

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
OTTO BEDOYA
3015 NW 43 TERR
Miami, FL 33147.

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Jesus* - President.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-04-08

Date

301-592-3150

Daytime Phone #

**FILED
Aug 06, 2008 8:00 am
Secretary of State**

08-06-2008 90018 001 ****61.25

60046400



07232008 Chg-NP CR2E037 (12/06)