

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000309

FILED
Apr 22, 2006
Secretary of State

Entity Name: BONITA SPRINGS LIONS CHARITIES, INC.

Current Principal Place of Business:

BONITA SPRINGS LION CLUB
PO BOX 366776
BONITA SPRINGS, FL 341366776

New Principal Place of Business:

Current Mailing Address:

BONITA SPRINGS LION CLUB
PO BOX 366776
BONITA SPRINGS, FL 341366776 US

New Mailing Address:

FEI Number: 65-0577075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FADELY, JOHN
27168 HARBOR DR
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: HARE, GORDON
Address: 27140 FLOSSMOOR DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD () Delete
Name: AKINS, BARBARA
Address: 3609 GLEN WATER LN.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S () Delete
Name: ZINSER, ANN
Address: 28441 WINTHROP CIR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: WRIGHT, FLOYD
Address: 27783 HICKORY BLVD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: SHIVEL, KENNETH JR.
Address: 27482 PELICAN RIDGE CR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD () Delete
Name: FADELY, JOHN
Address: 27168 HARBOR DR
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ELLIFF, JOHN
Address: 3772 CRACKER WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D (X) Change () Addition
Name: AKINS, BARBARA
Address: 3609 GLEN WATER LN.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LITTLE, GEORGE
Address: 3762 WILBEY WAY
City-St-Zip: NAPLES, FL 34119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN FADELY

T

04/22/2006

Electronic Signature of Signing Officer or Director

Date