

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001154

FILED
Jan 09, 2007
Secretary of State

Entity Name: THE CENTRAL FLORIDA LIONS CHARITIES OF ORLANDO, INCN.

Current Principal Place of Business:

4011 DOLOMITE ST.
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 593083
ORLANDO, FL 32859

New Mailing Address:

FEI Number: 59-3302489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, DON E
7200 LAKE ELLENOR DR.
SUITE 100
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

SCOTT, DON E
4011 DOLOMITE
ORLANDO, FL 32839 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:

01/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DEAS () Delete
Name: SCOTT, DON E
Address: 7200 LAKE ELLENOR DRIVE - SUITE 100
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: WHITEHEAD, PATRICIA
Address: 4007 DOLOMITE
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: SCOTT, PHYLLIS J
Address: 7200 LAKE ELLENOR DRIVE - SUITE 100
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DEAS (X) Change () Addition
Name: SCOTT, DON E
Address: P.O. BOX 593083
City-St-Zip: ORLANDO, FL 32859

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

Title: D (X) Change () Addition
Name: SCOTT, PHYLLIS J
Address: P.O. BOX 5930834
City-St-Zip: ORLANDO, FL 32859

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: DON E. SCOTT

DEAS

01/09/2007

Electronic Signature of Signing Officer or Director

Date