

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001843

FILED
Apr 25, 2006
Secretary of State

Entity Name: THE LONGWOOD-LAKE MARY LIONS CLUB FOUNDATION, INC.

Current Principal Place of Business:

1421 PARK DR.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1421 PARK DR.
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3312635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORKMAN, GYLE
1421 PARK DRIVE
CASSELBERRY, FL 32707 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: WORKMAN, LOIS
Address: 1421 PARK DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: MCKENNA, BARBARA
Address: 16 WINDING RIDGE ROAD
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: LANTZ, SUE
Address: 2127 KEWANEE TR
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: RUSHFORTH, ROSEMAIRE
Address: 99 HACIENDA VILLAGE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: P () Delete
Name: SENUS, BOB
Address: 709 MILAN COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: WORKMAN, GYLE
Address: 1421 PARK DRIVE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: WILSON, WILHELMINA
Address: 4918 HAITI CIRCLE
City-St-Zip: ORLANDO, FL 32808

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

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

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: GYLE E WORKMAN

T

04/25/2006

Electronic Signature of Signing Officer or Director

Date