2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2006
Secretary of State

DOCUMENT# N95000001884

Entity Name: PONCE INLET LIONS CLUB, INC.

Current Principal Place of Business:

4670 S. PENINSULA DR
PONCE INLET, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

951E S. LAKEWOOD TER
PORT ORANGE, FL 32127

New Mailing Address:

19 BUCKINGHAM DR
ORMOND BEACH, FL 32176 US

FEI Number: 59-3332833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

SHEEHAN, PATRICK CPA
682 S YOUGE ST
ORMOND BEACH, FL 32174 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: VD ( ) Delete
Name: SIRACUSA, RAY
Address: 951E S LAKEWOOD TER
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: COOK, RAY
Address: 4454 S ATLANTIC AVE
City-St-Zip: PONCE INLET, FL 32127

Title: STD ( ) Delete
Name: BALDWIN, MICHAEL
Address: 19 BUCKINGHAM DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: BALDWIN, MICHAEL P S
Address: 19 BUCKINGHAM DR
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: D (X) Change ( ) Addition
Name: DAUKSIS, WILLIAM D
Address: 91 JENNIFER CIRCLE
City-St-Zip: PONCE INLET, FL 32127 US

Title: D (X) Change ( ) Addition
Name: DE MARIA, DOMENICK D
Address: 799 PHEASANT RUN COURT
City-St-Zip: PORT ORANGE, FL 32127 US

Title: D ( ) Change (X) Addition
Name: GRASSO, JOESPH D
Address: 70 BUSCHMAN DR
City-St-Zip: PONCE INLET, FL 32127 US

Title: D ( ) Change (X) Addition
Name: SPITZFADEN, CHARLES D
Address: 48 POMPANO DR
City-St-Zip: PONCE INLET, FL 32127 US

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: MICHAEL P. BALDWIN S 05/27/2006
Electronic Signature of Signing Officer or Director — Date