

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000000194

1. Entity Name
THE DELRAY BEACH LIONS FOUNDATION, INC.



Principal Place of Business
**P.O. BOX 7117
DELRAY BEACH, FL 33482**

Mailing Address
**P.O. BOX 7117
DELRAY BEACH, FL 33482**



01052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0804793

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARKE, JOHN
2102 N.W. FIRST AVE.
DELRAY BEACH, FL 33444**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHERER, HOWARD
6140 BLUEGRASS DR.
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GAVLICK, STANLEY
2144 SW 36 TERRACE
DELRAY BEACH, FL 33445**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOLDBERGER, BERNARD
10756 BAHAMA PALM WAY #201
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000580349
01/10/07-80044-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Howard Scherer **HOWARD SCHERER**

1/5/2007

561-735-4558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #