

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000194

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** THE DELRAY BEACH LIONS FOUNDATION, INC.

**Current Principal Place of Business:**

P.O. BOX 7117  
DELRAY BEACH, FL 33482

**New Principal Place of Business:**

6140 BLUEGRASS DRIVE  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

P.O. BOX 7117  
DELRAY BEACH, FL 33482

**New Mailing Address:**

**FEI Number:** 65-0804793      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARKE, JOHN  
2102 N.W. FIRST AVE.  
DELRAY BEACH, FL 33444      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: D      ( ) Delete  
Name: SCHERER, HOWARD  
Address: 6140 BLUEGRASS DR.  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D      ( ) Delete  
Name: GAVLICK, STANLEY  
Address: 2144 SW 36 TERRACE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D      ( ) Delete  
Name: GOLDBERGER, BERNARD  
Address: 10756 BAHAMA PALM WY #201  
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: HOWARD SCHERER

D

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date