


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003829 1. Entity Name THE WELLINGTON LIONS FOUNDATION, INC.	
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Principal Place of Business C/O ARTHUR M. LICHTMAN, P.A. 12773 W. FOREST HILL BLVD., STE 203 WELLINGTON, FL 33414	Mailing Address C/O ARTHUR M. LICHTMAN, P.A. 12773 W. FOREST HILL BLVD., STE 203 WELLINGTON, FL 33414
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04262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0929019	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent LICHTMAN, ARTHUR M CPA 12773 W. FOREST HILL BLVD., STE 203 WELLINGTON, FL 33414

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000355462

05/03/05-80148-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, STEVE 860 AZURE AVE. WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRANET, SKIP 518 AZURE AVE. WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OLSEN, STAN 1619 12TH FAIRWAY WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LICHTMAN, ARHTUR M CPA 1180 BELMORE TERRACE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05 521 792-2008