2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N99000003829

Entity Name: THE WELLINGTON LIONS FOUNDATION, INC.

Current Principal Place of Business:

C/O ARTHUR M. LICHTMAN, P.A.
12773 W. FOREST HILL BLVD., STE 203
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

C/O ARTHUR M. LICHTMAN, P.A.
12773 W. FOREST HILL BLVD., STE 203
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0929019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LICHTMAN, ARTHUR M CPA
12773 W. FOREST HILL BLVD., STE 203
WELLINGTON, FL 33414 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:	MILLER, STEVE	
Address:	860 AZURE AVE.	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	GRANET, SKIP	
Address:	518 AZURE AVE.	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	OLSEN, STAN	
Address:	1619 12TH FAIRWAY	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	LICHTMAN, ARHTUR M CPA	
Address:	1180 BELMORE TERRACE	
City-St-Zip:	WELLINGTON, FL 33414	

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:	
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: ARTHUR M. LICHTMAN, C.P.A. D 04/28/2006
Electronic Signature of Signing Officer or Director — Date