

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000011316

Entity Name: LIONS FOUNDATION OF DISTRICT 35-N, INC.**Current Principal Place of Business:**304 PALERMO AVENUE
CORAL GABLES, FL 33134**Current Mailing Address:**P.O. BOX 650952
MIAMI, FL 33265**FEI Number:** 46-1671664**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TEJERA, JUAN J
304 PALERMO AVENUE
CORAL GABLES, FL 33134 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	VAZQUEZ, ADITA
Address	230 174TH STREET 1011
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	VP
Name	MONTES, ANTONIO
Address	6301 COLLINS AVENUE 2201
City-State-Zip:	MIAMI BEACH FL 33141

Title	SECRETARY
Name	COLONA, JANE
Address	4000 NE 168TH STREET PH 8
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	TREASURER
Name	MEDINA, FERNANDP
Address	3846 NW 90TH WAY
City-State-Zip:	SUNRISE FL 33351

Title	PAST PRESIDENT
Name	TEJERA, JUAN J
Address	304 PALERMO AVENUE
City-State-Zip:	CORAL GABLES FL 33134

I hereby 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 all other like empowered.

SIGNATURE: JUAN J TEJERA**PAST PRESIDENT****02/08/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date