

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003186

FILED
Apr 23, 2007
Secretary of State

Entity Name: THE OCOEE LIONS FOUNDATION, INC.

Current Principal Place of Business:

108A TAYLOR ST.
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

108A TAYLOR ST.
OCOEE, FL 34761

New Mailing Address:

FEI Number: 59-2463920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILLS, JIMMY F
205 SOUTH LAKESHORE DR.
OCOEE, FL 34761 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: PRES () Delete
Name: SILLS, JIMMY F
Address: 205 SOUTH LAKESHORE DR
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: RHODES, MEL
Address: 735 QUEENSBURY LOOP
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: CREWS, CHARLIE
Address: 640 HAY ST.
City-St-Zip: OCOEE, FL 34761

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: O'HALLORAN, MICHAEL
Address: 1264 N FAIRWAY DR
City-St-Zip: APOPKA, FL 32712

Title: PRES (X) Change () Addition
Name: SILLS, CATHY
Address: 205 S LAKESHORE DR
City-St-Zip: OCOEE, FL 34761 FL

Title: 2VP (X) Change () Addition
Name: EVERETT, BRANDY
Address: 1010 ARIZONA CT
City-St-Zip: OCOEE, FL 34761 US

Title: DR () Change (X) Addition
Name: GODEK, ROBERT
Address: 1316 OLYMPIA PARK CIR.
City-St-Zip: OCOEE, FL 34761 US

Title: DR () Change (X) Addition
Name: MCEVERS, MICHAEL
Address: 909 HYLAND SPRINGS DR
City-St-Zip: OCOEE, FL 34761 US

Title: TRE () Change (X) Addition
Name: WHEELER, DAVID
Address: 113 WINDTREE LN
City-St-Zip: WINTER GARDEN, FL 34787 US

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: JIMMY F SILLS

DR

04/23/2007

Electronic Signature of Signing Officer or Director

Date