## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000010132

FILED May 24, 2009 Secretary of State

Entity Name: THE ELLENTON - PARRISH LIONS FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

9709 ROSARIO DR 9704 ROSARIO DR PARRISH, FL 34219 PARRISH, FL 34219

Current Mailing Address: New Mailing Address:

9709 ROSARIO DR PO BOX 356

PARRISH, FL 34219 ELLENTON, FL 34222

FEI Number: 20-5464600 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BINCK, DONALD

9930 CAPE HAZE CIR

PARRISH, FL 342199457 US

CAMB, JAMES
3507 VERANDA BLVD
PARRISH, FL 34219 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: JAMES CAMB 05/24/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

D ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 BINCK, DONALD
 Name:
 CAMB, JAMES

 Address:
 9930 CAPE HAZE CIR
 Address:
 3507 VERANDA BLVD

 City-St-Zip:
 PARRISH, FL 34219
 City-St-Zip:
 PARRISH, FL 34219

Title: D ( ) Delete Title: SECT (X) Change ( ) Addition Name: ARNOLD, HELEN Name: COURTRIGHT, LINDA

 Name
 ARRIGED, RELEN
 Name
 COOKTRIGHT, LINDA

 Address:
 9709 ROSARIO DR
 Address:
 9704 ROSARIO DR

 City-St-Zip:
 PARRISH, FL 34219
 City-St-Zip:
 PARRISH, FL 34219

Title: D ( ) Delete Title: TRES (X) Change ( ) Addition

 Name:
 COURTRIGHT, PHIL
 Name:
 NEELY, DOROTHY

 Address:
 9704 ROSARIO DR
 Address:
 7565 64TH CT. EAST

 City-St-Zip:
 PARRISH, FL 34219
 City-St-Zip:
 PALMETTO, FL 34221

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: LINDA COURTRIGHT SECT 05/24/2009