

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005559

FILED
Apr 26, 2004
Secretary of State

Entity Name: THE KEY LARGO LIONS FOUNDATION, INC.

Current Principal Place of Business:

5 HOMESTEAD AVE
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-0865820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, JUDITH
2 BOWEN DR.
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

GOW, CAROL D PRES.
32 POMPANO AVENUE
KEY LARGO, FL 33037 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: CAROL DROZDOWICZ GOW

04/26/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MITCHELL, JUDITH
Address: 2 BOWEN DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: MESA, ISABEL
Address: 1124 GULFSTREAM LN.
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: SANTE, CHRIS
Address: 300 ATLANTIC DRIVE
City-St-Zip: KEY LARGO, FL 33037

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOW, DAVID F
Address: 32 POMPANO AVENUE
City-St-Zip: KEY LARGO, FL 33037

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BUTLER, DAVID
Address: 29 GARDEN COVE DRIVE
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ISABEL MESA

D

04/26/2004

Electronic Signature of Signing Officer or Director

Date