

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06257

FILED
Apr 07, 2008
Secretary of State

Entity Name: THE MARTY LYONS FOUNDATION, INC.

Current Principal Place of Business:

326 W 48TH STREET
3RD FLOOR
NEW YORK, NY 10036

New Principal Place of Business:

Current Mailing Address:

326 W 48TH STREET
3RD FLOOR
NEW YORK, NY 10036

New Mailing Address:

FEI Number: 13-3146696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHONTER, RICHARD
9925 SAGO POINT DRIVE
LARGO, FL 33777 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: C () Delete
Name: LYONS, MARTY
Address: 8 WHITE PINE COURT
City-St-Zip: SMITHTOWN, NY 11787

Title: P () Delete
Name: MILLER, RICHARD
Address: 1 SUFFOLK SQUARE, STE 520
City-St-Zip: ISLANDIA, NY 11722

Title: V () Delete
Name: GAUDIO, JOHN
Address: 29 ELLEN PLACE
City-St-Zip: KINGS PARK, NY 11754

Title: V () Delete
Name: MAIMIS, GUS
Address: 17 CLAIRE AVENUE
City-St-Zip: HUNTINGTON STATION, NY 11746

Title: T () Delete
Name: DUPRE, EDWARD
Address: 7 STRONG AVENUE
City-St-Zip: BABYLON, NY 11702

Title: S () Delete
Name: DEFRANZA, JOHN
Address: 8 WEST PARSONS COURT
City-St-Zip: EAST SETAUKET, NY 11733

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
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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 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: EDWARD DUPRE

T

04/07/2008

Electronic Signature of Signing Officer or Director

_____ Date