

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06257

FILED  
Feb 10, 2009  
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:**

LAVENTURE, CHARLES  
5570 43RD AVENUE NORTH  
KENNETH CITY, FL 33709    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: CHARLES LEVENTURE

02/10/2009

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: P      (X) Change ( ) Addition  
Name: MILLER, RICHARD  
Address: 356 VETERANS MEMORIAL HIGHWAY, SUITE 8 N  
City-St-Zip: COMMACK, NY 11725

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  
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

02/10/2009

Electronic Signature of Signing Officer or Director

Date