

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005559

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE KEY LARGO LIONS FOUNDATION, INC.

Current Principal Place of Business:

5 HOMESTEAD AVE
KEY LARGO, FL 33037 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5
KEY LARGO, FL 33037 US

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:

SANTE, PAM PRES.
132 PLANTATION DRIVE
TAVERNIER, FL 33070 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: D () Delete
Name: GOW, DAVID F DIR.
Address: 32 POMPANO AVENUE
City-St-Zip: KEY LARGO, FL 33037

Title: S/T () Delete
Name: MESA, ISABEL SEC.TR
Address: 1124 GULFSTREAM LN.
City-St-Zip: KEY LARGO, FL 33037

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

Title: V.P. () Delete
Name: GOW, CAROL D 1ST V.P
Address: 32 POMPANO AVENUE
City-St-Zip: KEY LARGO, FL 33037

Title: V.P. () Delete
Name: HENDEL, HENRY 2ND.V.P
Address: 101640 OVERSEAS HIGHWAY
City-St-Zip: KEY LARGO, FL 33037

Title: V.P. () Delete
Name: SANTE, CHRIS 3RD.V.P
Address: 300 ATLANTIC DRIVE
City-St-Zip: KEY LARGO, FL 33037

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: PAM SANTE

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date