

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005226

**FILED**  
**Jan 31, 2019**  
**Secretary of State**  
**8495492270CC**

**Entity Name:** ORMOND BY THE SEA LIONS FOUNDATION, INC.

**Current Principal Place of Business:**

1666 OCEAN SHORE BLVD  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

1666 OCEAN SHORE BLVD  
ORMOND BEACH, FL 32176 US

**FEI Number:** 45-2339087

**Certificate of Status Desired:** No

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

EVANS, GREG  
1666 OCEAN SHORE BLVD  
ORMOND BEACH, FL 32176 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:** GREG EVANS

01/31/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CHEH, BARBARA K  
Address 36 KATHY DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title CO-PRESIDENT  
Name YOCHUM, MARY L  
Address 10 POINSETTIA DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title TREASURER  
Name HAMLIN, KATELYN  
Address 955 HOLLY CIRCLE  
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR  
Name EVANS, GREG  
Address 955 HOLLY CIRCLE  
City-State-Zip: ORMOND BEACH FL 32176

Title VP  
Name BULL, PEGGY  
Address 16 SEAVIEW DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title SECRETARY  
Name GRAHAM, SHIRLEY  
Address 13 ELOISE CIRCLE  
City-State-Zip: ORMOND BEACH FL 32176

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARY L YOCHUM

CO-PRESIDENT

01/31/2019

Electronic Signature of Signing Officer/Director Detail

Date