

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719706

FILED
Apr 15, 2009
Secretary of State

Entity Name: MIAMI LAKES LIONS FOUNDATION, INC.

Current Principal Place of Business:

% RICHARD GRAHAM
5400 N.W. 199 TERR.
MIAMI, FL 33055 US

New Principal Place of Business:

6187 NW 167TH ST.,
H36
MIAMI, FL 33015 US

Current Mailing Address:

% RICHARD GRAHAM
5400 N.W. 199 TERR.
MIAMI, FL 33055 US

New Mailing Address:

6187 NW 167TH ST.
H36
MIAMI, FL 33015 US

FEI Number: 59-1863279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, RICHARD
5400 N.W. 199 TERR.
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

FRANKLIN, CARL E TRES
6187 NW 167TH ST.
H36
MIAMI, FL 33015 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: CARL E. FRANKLIN

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PINKERTON, CHARLES
Address: 19705 W LAKE DRIVE
City-St-Zip: MIAMI, FL 330152250

Title: TD () Delete
Name: FRANKLIN, CARL E
Address: 19224 WEST LAKE DR.
City-St-Zip: MIAMI, FL 33015

Title: P () Delete
Name: GRAHAM, RICHARD
Address: 19224 W. LAKE DR.
City-St-Zip: MIAMI, FL 33015

Title: SD () Delete
Name: GRAHAM, LINDA
Address: 19224 W. LAKE DR.
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: WICKETT, HENRY
Address: 6187 NW 167TH ST., H36
City-St-Zip: MIAMI, FL 33015

Title: SD (X) Change () Addition
Name: WICKETT, PATRICIA
Address: 6187 NW 167TH ST. H36
City-St-Zip: MIAMI, FL 33015

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: CARL E. FRANKLIN

TD

04/15/2009

Electronic Signature of Signing Officer or Director

Date