

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730355

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA LIONS CAMP, INC.

**Current Principal Place of Business:**

2819 TIGER LAKE ROAD  
LAKE WALES, FL 33898

**New Principal Place of Business:**

**Current Mailing Address:**

2819 TIGER LAKE ROAD  
LAKE WALES, FL 33898

**New Mailing Address:**

**FEI Number:** 59-1552242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAGE, BARBARA J  
2819 TIGER LAKE ROAD  
LAKE WALES, FL 33898 US

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

MOEN, CARISSA A  
2819 TIGER LAKE ROAD  
LAKE WALES, FL 33898 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: CARISSA A MOEN

02/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MACLAREN, ROBERT  
Address: 1171 SW 8TH STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: V  
Name: MILLICAN, BRADY  
Address: 839 SAGAMORE STREET  
City-St-Zip: LAKELAND, FL 33803

Title: S  
Name: ARPAD, DIANA  
Address: 752 OVERIRVER DRIVE  
City-St-Zip: N. FT. MYERS, FL 33930

Title: T  
Name: MILLICAN, BRADY  
Address: 839 SAGAMORE STREET  
City-St-Zip: LAKELAND, FL 33803

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: CARISSA A MOEN

RA

02/16/2011

Electronic Signature of Signing Officer or Director

Date