

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000295

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: PALM HARBOR II LIONS FOUNDATION, INC.

## Current Principal Place of Business:

2790 SUNSET POINT ROAD  
CLEARWATER, FL 33759

## New Principal Place of Business:

1001 CARDIGAN LANE  
PALM HARBOR, FL 34683 US

## Current Mailing Address:

PALM HARBOR II LIONS FOUNDATION  
PO BOX 375  
PALM HARBOR, FL 34682

## New Mailing Address:

FEI Number: 59-3625050      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAIR, STEVEN W ESQ  
2790 SUNSET POINT ROAD  
CLEARWATER, FL 33759 US

## Name and Address of New Registered Agent:

ALVORD, GREGORY  
1001 CARDIGAN LANE  
PALM HARBOR, FL 34683 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: GREGORY ALVORD

02/02/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOOKER, GLENN  
Address: 1715 MACDONNELL DR  
City-St-Zip: PALM HARBOR, FL 34684

Title: 1VP ( ) Delete  
Name: CONSOLINO, JOHN  
Address: 286 ARBOR DR E  
City-St-Zip: PALM HARBOR, FL 34683

Title: 2VP ( ) Delete  
Name: KEARNS, RICHARD T  
Address: 795 COUNTY RTE 1, #14  
City-St-Zip: PALM HARBOR, FL 34683

Title: S ( ) Delete  
Name: ALVORD, GREG  
Address: 1001 CARDIGAN LN  
City-St-Zip: PALM HARBOR, FL 34683

Title: T ( ) Delete  
Name: DAVIS, CARL G  
Address: 1659 EL TAIR TRL  
City-St-Zip: CLEARWATER, FL 33765

## 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  
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: GREGORY ALVORD

SEC

02/02/2009

Electronic Signature of Signing Officer or Director

Date