


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90017 001 ****61.25

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| DOCUMENT # <u>N00000003697</u> |  |
| 1. Entity Name <u>Lehigh Acres Lions Foundation, Inc.</u> | |

DO NOT WRITE IN THIS SPACE

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|---|-----------------------|--|-----------------------|
| 2. Principal Place of Business <u>9721 Maplecrest Cir</u> Suite, Apt. #, etc. | | 3. Mailing Address <u>9721-Maplecrest Circle</u> Suite, Apt. #, etc. | |
| City & State <u>Lehigh Acres, FL</u> | | City & State <u>Lehigh Acres, FL</u> | |
| Zip <u>33936</u> | Country <u>USA</u> | Zip <u>33936</u> | Country <u>USA</u> |

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DO NOT WRITE IN THIS SPACE

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|---------------------------------------|--|--|--|
| DO NOT WRITE IN THIS SPACE | 4. FEI Number <u>65-1013857</u> | | Applied For <input type="checkbox"/> Not Applicable |
| | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| | 7. Name and Address of Current Registered Agent | | |
| | Name <u>Robert Coyne</u> Street Address (P.O. Box Number is Not Acceptable) <u>1505 Markdale Street</u> City <u>Lehigh Acres</u> FL Zip Code <u>33936</u> | | |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert Coyne (NOTE: Registered Agent signature required when reinstating) DATE _____

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|--|--|--|
| FEE IS \$61.25 Initial or Amended UBR | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|--|

| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>President</u> <u>Douglas Compton</u> <u>1431 Archer</u> <u>Lehigh Acres, FL 33972</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>V. President</u> <u>Charles Matheny</u> <u>2212 Gardenia Way</u> <u>Lehigh Acres, FL 33972</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Vice President(1)</u> <u>Jim Brakulis</u> <u>585 Genevieve Drive</u> <u>Lehigh Acres, FL 33936</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Secretary</u> <u>Dolores Frchner</u> <u>9721 Maplecrest Circle</u> <u>Lehigh Acres, FL 33936</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Treasurer</u> <u>Ralph Hemingway</u> <u>622 Morningmist Lane</u> <u>Lehigh Acres, FL 33936</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Director</u> <u>Steve Magnuson</u> <u>1509 Stadium Court</u> <u>Lehigh Acres, FL 33971</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Dolores Frchner 339-369-9740

CR2E037B (12/02)