

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000003697

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** THE LEHIGH ACRES LIONS FOUNDATION, INC.

**Current Principal Place of Business:**

9721 MAPLE CREST CIRCLE  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

4688 VARSITY CIRCLE  
LEHIGH ACRES, FL 33970

**Current Mailing Address:**

9721 MAPLE CREST CIRCLE  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

P.O. BOX 703  
LEHIGH ACRES, FL 33970

**FEI Number:** 65-1013857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COYNE, ROBERT  
1505 MARKDALE STREET  
LEHIGH ACRES, FL 33936 US

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

COUCH, SUZANNE M  
4688 VARSITY CIRCLE  
LEHIGH ACRES, FL 33971 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: SUZANNE M. COUCH

02/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMITH, THOMAS  
Address: 1108 WASHINGTON  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VP  
Name: COMPTON, DOUGLAS  
Address: 1431 ARCHER ST  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: S  
Name: LANDON, JACKIE  
Address: 9701 BAYCREST TERRACE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: T  
Name: COUCH, SUZANNE M  
Address: 4688 VARSITY CIRCLE  
City-St-Zip: LEHIGH ACRES, FL 33971

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: SUZANNE M. COUCH TREASURER

T

02/15/2011

Electronic Signature of Signing Officer or Director

Date