2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # N0000005376 1. Entity Name THE COCOA BEACH SEASIDE LIONS FOUNDATION, INC.					ecretary of State	
Principal Place of Business		Mailing Address		1		
PO BOX 320344 COCOA BEACH FL 32932-0344		PO BOX 320344 COCOA BEACH FL 32932-0344				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt #. etc		Suite, Apt. #, etc.		MC	OORE CR2E037 (11/0	3)
City & State		City & State		4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	Additional quired
	6. Name and Address of Currer	nt Registered Agent	Name	7. Name and Add	ress of New Registered Agent	
702	NCER, NEIL R JAVA RD. COA BEACH FL 32932			(P.O. Box Number is N	lot Acceptable)	
			City		FL Zip	Code
SIGNATURE	Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Ca	TE Registered Agent signature requirempaign Financing Contribution.	ed when reinstating) \$5.00 May Be Added to Fees	Make Check Paya Florida Department	
10,	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY - ST- ZIP	D SPENCER, NEIL R 702 JAVA RD. COCOA BEACH FL 32932	☐ Delete	NAME STREET ADDRESS CITY-ST-TIP	02/	U00000040593 U00000040593 O9/O4-80053-021 6i	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, DONNA K 702 JAVA RD. COCOA BEACH FL 32932	☐ Delete	ISTLE MAME STREET ADDRESS CITY-ST-28P		□ Cha	nge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JESSE L 7265 WINDOVER WAY TITUSVILLE FL 32880-7557	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		□ Cha	nge 🔲 Addition
INTLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	nge □ Addition —
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	inge 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODRESS GIY-ST-ZIP		□ Cha	unge 🗌 Addition
12. I hereby indicated of the co-	certify that the information supplied w ton this report or supplemental repor reporation or the receiver or trustee and, or on an attachment with an addres	with this filing does not qualify to the true and accurate and that powered to execute this repor synth all other like empowered	or the exemption stated in 5 my signature shall have the t as required by Chapter 6 i.		orida Statutes, I further certify that if made under path; that I am an o d that my name appears in Block	

FILED

2/2/04 321-427-3540