

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90038 005 ****61.25

DOCUMENT # N00000005376

1. Entity Name
 THE COCOA BEACH SEASIDE LIONS FOUNDATION, INC.



Principal Place of Business
 PO BOX 320344
 COCOA BEACH, FL 32932-0344

Mailing Address
 PO BOX 320344
 COCOA BEACH, FL 32932-0344

40011921



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01272005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3657350 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPENCER, NEIL R
 702 JAVA RD.
 COCOA BEACH, FL 32932

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 827 NASSAU RD.
 City COCOA BEACH FL Zip Code 32931

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 NEIL R. SPENCER *[Signature]* 27 Jan, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recasting) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCER, NEIL R	
STREET ADDRESS	702 JAVA RD.	
CITY-ST-ZIP	COCOA BEACH, FL 32932	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCER, DONNA K	
STREET ADDRESS	702 JAVA RD.	
CITY-ST-ZIP	COCOA BEACH, FL 32932	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, JESSE L	
STREET ADDRESS	7265 WINDOVER WAY	
CITY-ST-ZIP	TITUSVILLE, FL 328807557	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	827 NASSAU RD	
CITY-ST-ZIP	COCOA BEACH FLA 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	827 NASSAU RD	
CITY-ST-ZIP	COCOA BEACH FLA 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* (JESSE L. HARRIS) 1/27/05 861-0733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #