


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



05092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3657350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPENCER, NEIL R 827 NASSAU RD COCOA BEACH, FL 32931
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$81.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000784107
 05/30/07-80042-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, NEIL R 827 NASSAU RD COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, DONNA K 827 NASSAU RD COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIBBITS, ELLEN Y 48 WESTVIEW LANE COCOA BEACH, FL 329312621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ellen Tibbits* **5/01/07** **(321) 783-4415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #