

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005376

FILED  
Jul 30, 2008  
Secretary of State

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

**Current Principal Place of Business:**

PO BOX 320344  
COCOA BEACH, FL 329320344

**New Principal Place of Business:**

46 WESTVIEW LANE  
COCOA BEACH, FL 32931

**Current Mailing Address:**

PO BOX 320344  
COCOA BEACH, FL 329320344

**New Mailing Address:**

FEI Number: 59-3657350      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SPENCER, NEIL R  
827 NASSAU RD  
COCOA BEACH, FL 32931      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SPENCER, NEIL R  
Address: 827 NASSAU RD  
City-St-Zip: COCOA BEACH, FL 32931

Title: D      ( ) Delete  
Name: SPENCER, DONNA K  
Address: 827 NASSAU RD  
City-St-Zip: COCOA BEACH, FL 32931

Title: D      ( ) Delete  
Name: TIBBITS, ELLEN Y  
Address: 46 WESTVIEW LANE  
City-St-Zip: COCOA BEACH, FL 329312621

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELLEN Y. TIBBITS

TREA

07/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date