## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000000878

City-St-Zip:

ESTERO, FL 33928 US

FILED Jan 16, 2009 Secretary of State

Entity Name: THE ESTERO-SOUTH FORT MYERS LIONS FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 9200 CORKSCREW PALMS BLVD. 9564 LISMORE LANE ESTERO, FL 33928 US ESTERO, FL 33928 US **Current Mailing Address: New Mailing Address:** P O BOX 622 P O BOX 622 ESTERO, FL 339280622 US ESTERO, FL 339290622 US FEI Number: 65-1076076 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMBERT, LEONARD A 9564 LISMORE LANE ESTERO, FL 33928 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition PINTO, DIANA M PINTO, DIANA M Name: Name: Address: 7396 PEBBLE BEACH ROAD Address: 20519 TAHITIAN BLVD. City-St-Zip: FT. MYERS, FL 33967 US City-St-Zip: ESTERO, FL 33928 US Title: () Delete Title: () Change () Addition Name: WISKOW, FAYE Name: Address: 20636 OAHU CIRCLE Address: City-St-Zip: ESTERO, FL 33928 US City-St-Zip: Title: (X) Delete Title: () Change () Addition RISCH, MARY Name: Name: 10111 VERONA LAKES LANE Address: Address: City-St-Zip: MIROMAR LAKES, FL 33913 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition LAMBERT, LEÓNARD A Name: Name: 9564 LISMORE LANE Address: Address:

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.

City-St-Zip:

SIGNATURE: LEONARD A. LAMBERT T 01/16/2009