


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90003 001 \*\*\*\*70.00

**DOCUMENT # N01000002672**

1. Entity Name  
**THE PONCE INLET LIONS FOUNDATION, INC.**



Principal Place of Business  
 4670 S. PENINSULA DRIVE  
 PONCE INLET, FL 32127

Mailing Address  
 4670 S. PENINSULA DRIVE  
 PONCE INLET, FL 32127

**50062300**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**951 E SOUTH LAKEWOOD TERRACE**  
 Suite, Apt. #, etc.

08152005 Chg-NP CR2E037 (10/03)

City & State  
**PORT ORANGE, FL**

4. FEI Number  
 59-3719032

Applied For  
 Not Applicable

Zip  
**32127**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**SIRACUSA, RAY**  
**4779 S. ATLANTIC AVENUE**  
**PONCE INLET, FL 32127**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**951 E SOUTH LAKEWOOD TERRACE**  
 City  
**PORT ORANGE** FL Zip Code  
**32127**

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 reinstating)

**Filing Fee is \$61.25**  
**Due by September 7, 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	
TITLE D	<input type="checkbox"/> Delete
NAME SIRACUSA, RAY	
STREET ADDRESS 4779 S. ATLANTIC AVENUE	
CITY-ST-ZIP PONCE INLET, FL 32127	
TITLE STD	<input type="checkbox"/> Delete
NAME KEEL, NORWOOD S	
STREET ADDRESS 1 KELLY BEA COURT	
CITY-ST-ZIP PONCE INLET, FL 32127	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIRACUSA, RAY	
STREET ADDRESS 951 E SOUTH LAKEWOOD TERRACE	
CITY-ST-ZIP PORT ORANGE, FL 32127	
TITLE <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEEL, NORWOOD S.	
STREET ADDRESS 1 KELLY BEA COURT	
CITY-ST-ZIP PONCE INLET, FL 32127	
TITLE <input checked="" type="checkbox"/>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HINSON, JAMES	
STREET ADDRESS 4745 S ATLANTIC AVE #405	
CITY-ST-ZIP PONCE INLET, FL 32127-7134	
TITLE <input checked="" type="checkbox"/>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BALDWIN, MICHAEL P.	
STREET ADDRESS 19 BUCKINGHAM DRIVE	
CITY-ST-ZIP ORMOND BEACH, FL 32176-2801	
TITLE <input checked="" type="checkbox"/>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OLIVE, WAYNE	
STREET ADDRESS 3 KELLY BEA COURT	
CITY-ST-ZIP PONCE INLET, FL 32127	
TITLE <input checked="" type="checkbox"/>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BALDWIN, MARIA	
STREET ADDRESS 19 BUCKINGHAM DRIVE	
CITY-ST-ZIP ORMOND BEACH, FL 32176-2801	

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: Michael P. Baldwin **MICHAEL P. BALDWIN 8-15-05 (386) 444-2614**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY - TREASURER Daytime Phone #