

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002672

FILED
Mar 21, 2009
Secretary of State

Entity Name: THE PONCE INLET LIONS FOUNDATION, INC.

Current Principal Place of Business:

4670 S. PENINSULA DRIVE
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

4745 S ATLANTIC AV
#405
PONCE INLET, FL 32127 US

New Mailing Address:

FEI Number: 59-3719032 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHEEHAN, PATRICK CPA
1792 RIDGEWOOD AV
SUITE B
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

HICKEY, HAL
6159 SEQUOIA DR
PORT ORANGE, FL 32127 US

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: HAL HICKEY

03/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GANNAWAY, TOM P
Address: 95 BEACH ST
City-St-Zip: PONCE INLET, FL 32127 US

Title: T () Delete
Name: HINSON, JIM T
Address: 4745 S ATLANTIC AV #405
City-St-Zip: PONCE INLET, FL 32127 US

Title: D () Delete
Name: OLIVE, WAYNE D
Address: 3 KELLY BEA COURT
City-St-Zip: PONCE INLET, FL 32127 US

Title: D () Delete
Name: GRASSO, JOSEPH D
Address: 70 BUSCHMAN DR
City-St-Zip: PONCE INLET, FL 32127 US

Title: D () Delete
Name: SPITZFADEN, CHARLES D
Address: 48 POMPAÑO DR
City-St-Zip: PONCE INLET, FL 32127 US

Title: D () Delete
Name: BLISSETT, KASSANDRA D
Address: 1672 TOWN PARK DR
City-St-Zip: PORT ORANGE, FL 32129 US

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
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Address:
City-St-Zip:

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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: JIM HINSON

T

03/21/2009

Electronic Signature of Signing Officer or Director

Date