

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002672

FILED  
Jan 14, 2010  
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:**

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

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

HICKEY, HAL  
484 NASH LN  
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:

01/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCCORMICH, MARGARET A  
Address: 4670 LINKS VILLAGE DR UNIT D504  
City-St-Zip: PONCE INLET, FL 32127 US

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JIM HINSON

T

01/14/2010

Electronic Signature of Signing Officer or Director

Date