

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003064

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** THE ENGLEWOOD LIONS FOUNDATION, INC.

**Current Principal Place of Business:**

P. O. BOX 5251  
GROVE CITY, FL 34224

**New Principal Place of Business:**

4611 PLACIDA RD  
GROVE CITY, FL 34224

**Current Mailing Address:**

P. O. BOX 5251  
GROVE CITY, FL 34224

**New Mailing Address:**

FEI Number: 65-1102023      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DOUCETTE, SHEILA  
7403 EBRO RD  
ENGLEWOOD, FL 34224      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: VALENTINE, GARY  
Address: 127 JENNIFER DR.  
City-St-Zip: ROTONDA WEST, FL 33947

Title: T ( ) Delete  
Name: BEERS, LARRY  
Address: 8080 CASA DE MEADOWS DR.  
City-St-Zip: ENGLEWOOD, FL 34224

Title: S ( ) Delete  
Name: MASON, MICHELLE  
Address: 7220 QUARRY ST  
City-St-Zip: ENGLEWOOD, FL 34224

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

Title: P (X) Change ( ) Addition  
Name: NIESKES, GARY  
Address: 57 WINDSOR DRIVE  
City-St-Zip: ENGLEWOOD, FL 34224

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: LARRY W BEERS

T

01/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date