2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006239

GROVELAND, FL 34736

FILED Jun 19, 2004 Secretary of State

Entity Name: THE GROVELAND-MASCOTTE LIONS FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O ALL-RIGHT REALTY, INC. C/O PROSPERITY FINANCIAL SERVICES, INC.

147 E BROAD ST 146 E BROAD ST

GROVELAND, FL 34736

Current Mailing Address: New Mailing Address:

C/O ALL-RIGHT REALTY, INC. C/O PROSPERITY FINANCIAL SERVICES, INC.

147 E BROAD ST 146 E BROAD ST

GROVELAND, FL 34736 GROVELAND, FL 34736

FEI Number: 59-3736638 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:

KRULL, JEFFERY BAUMAN, JAMES 516 INDIANA AVE 1166 38TH ST

MASCOTTE, FL 34753 US ORLANDO, FL 32805 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: JAMES BAUMAN 06/19/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ()Delete Title: DT (X)Change ()Addition

 Name:
 KRULL, JEFFERY
 Name:
 BAUMAN, JAMES

 Address:
 516 INDIANIA AVE
 Address:
 1166 38TH ST.

City-St-Zip: MASCOTTE, FL 34753 City-St-Zip: ORLANDO, FL 32805 US

Title: D () Delete Title: DP (X) Change () Addition

 Name:
 PIKE, ROY
 Name:
 PIKE, ROY

 Address:
 209 EAST PAMELO ST
 Address:
 209 EAST PAMELO ST

City-St-Zip: GROVELAND, FL 34736 City-St-Zip: GROVELAND, FL 34736 US

Title: D () Delete Title: DS (X) Change () Addition

Name:TILLMAN, BARBARAName:HARPER, JANETAddress:516 INDIANIA AVE.Address:537 E BEACH ST.

City-St-Zip: MASCOTTE, FL 34753 City-St-Zip: GROVELAND, FL 34736 US

Title: D () Delete Title: DV (X) Change () Addition

Name: YARBOROUGH, JASON Name: YARBOROUGH, JASON

Address: 156 LAKE AVE. Address: 156 LAKE AVE.

City-St-Zip: GROVELAND, FL 34736 City-St-Zip: GROVELAND, FL 34736 US

 Name:
 Name:
 DERIFIELD, DALLAS

 Address:
 Address:
 177 HIDDEN VIEW DR

 City-St-Zip:
 City-St-Zip:
 GROVELAND, FL 34736 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES BAUMAN T 06/19/2004