

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000006239

**FILED**  
**Oct 02, 2006**  
**Secretary of State**

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

**Current Principal Place of Business:**

C/O PROSPERITY FINANCIAL SERVICES, INC.  
146 E BROAD ST  
GROVELAND, FL 34736

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PROSPERITY FINANCIAL SERVICES, INC.  
146 E BROAD ST  
GROVELAND, FL 34736

**New Mailing Address:**

**FEI Number:** 59-3736638      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BAUMAN, JAMES  
1166 38TH ST  
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

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT      ( ) Delete  
Name: BAUMAN, JAMES  
Address: 1166 38TH ST.  
City-St-Zip: ORLANDO, FL 32805 US

Title: DP      ( ) Delete  
Name: PIKE, ROY  
Address: 209 EAST PAMELO ST  
City-St-Zip: GROVELAND, FL 34736 US

Title: DS      ( ) Delete  
Name: HARPER, JANET  
Address: 537 E BEACH ST.  
City-St-Zip: GROVELAND, FL 34736 US

Title: D      ( ) Delete  
Name: DERIFIELD, DALLAS  
Address: 177 HIDDEN VIEW DR  
City-St-Zip: GROVELAND, FL 34736 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  
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 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: JAMES BAUMAN

D

10/02/2006

Electronic Signature of Signing Officer or Director

Date