


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90015 040 ****61.25

DOCUMENT # N01000006240	
1. Entity Name THE MELBOURNE BEACH INDIALANTIC LIONS FOUNDATION, INC.	

Principal Place of Business C/O AGENCY INSURANCE, INC. 1510 B SOUTH WICKHAM RD WEST MELBOURNE, FL 32904-3541	Mailing Address C/O AGENCY INSURANCE, INC. 1510 B SOUTH WICKHAM RD WEST MELBOURNE, FL 32904-3541
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01232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3736028	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LEEBOG, RICHARD A
3670 WHISPERWOODS CIR
MELBOURNE, FL 32901-8125
*695 Greenwood Manor Circle
West Melbourne, FL 32904***

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2-14-2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANCOCK, WANDA 2830 INDIANA ST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCABE, RAYMOND 2055 DATE PALM AVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINSON, WILLIAM 411 ATLANTIS DR. SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **FEB. 14, 2007** DAYTIME PHONE # **321-723-1289**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR