

2008 ~~NOT-FOR-PROFIT~~ CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N01000006240

1. Entity Name

THE MELBOURNE BEACH INDIALANTIC LIONS
FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O AGENCY INSURANCE, INC.
1510 B SOUTH WICKHAM RD
WEST MELBOURNE FL 32904-3541

C/O AGENCY INSURANCE, INC.
1510 B SOUTH WICKHAM RD
WEST MELBOURNE FL 32904-3541



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3736028

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEEGER, RICHARD A
695 GREENWOOD MANOR CR.
MELBOURNE FL 32904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME HANCOCK, WANDA
STREET ADDRESS 2830 INDIANA ST
CITY-ST-ZIP MELBOURNE FL 32904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000844676
CITY-ST-ZIP 03/13/08-80009-016 61.25

TITLE ☐ Delete
NAME MCCABE, RAYMOND
STREET ADDRESS 2055 DATE PALM AVE
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VINSON, WILLIAM
STREET ADDRESS 411 ATLANTIS DR.
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Raymond McCabe* - RAYMOND MCCABE 2/29/08 312-723-1299