2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006048

FILED Jul 14, 2007 Secretary of State

Entity Name: THE SATELLITE BEACH LIONS FOUNDATION INC.

Current P	Principal Place of Business:	New Principal Place of Business:
P.O. BOX STAELLIT	372610 E BEACH, FL 329370610	465 NORWOOD AVE. STAELLITE BEACH, FL 32937
Current N	Mailing Address:	New Mailing Address:
P.O. BOX STAELLIT	372610 E BEACH, FL 329370610	
n accordar	r: 52-2370338 FEI Number Applied For ()	did not receive the prior notice.
vame and	d Address of Current Registered Agen	t: Name and Address of New Registered Agent:
ENKINS,	MYDNIA	
64 GRAÍ SATELLIT		
ATELLIT	NT AVE E BEACH, FL 32937 US	the purpose of changing its registered office or registered agent, or both,
ATELLIT	NT AVE E BEACH, FL 32937 US e named entity submits this statement for te of Florida.	the purpose of changing its registered office or registered agent, or both,
ATELLIT The above In the Stat	NT AVE E BEACH, FL 32937 US e named entity submits this statement for te of Florida.	
SATELLIT The above In the Stat SIGNATU	NT AVE E BEACH, FL 32937 US e named entity submits this statement for e of Florida. RE:	
SATELLIT The above In the Stat SIGNATU	NT AVE TE BEACH, FL 32937 US The named entity submits this statement for the of Florida. TRE: Electronic Signature of Registered	d Agent Date
SATELLIT The above In the State SIGNATU DFFICER ittle: lame: ddress:	NT AVE TE BEACH, FL 32937 US The named entity submits this statement for the of Florida. THE: Electronic Signature of Registered Stand DIRECTORS: D () Delete JENKINS, MYRNA 564 GRANT AVE	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:

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: FRANK ARMITAGE D 07/14/2007