


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90062 024 ****70.00

DOCUMENT # N02000006048 1. Entity Name THE SATELLITE BEACH LIONS FOUNDATION, INC.					
Principal Place of Business 465 NORWOOD AVE. SATELLITE BEACH, FL 32937			Mailing Address P.O. BOX 372610 SATELLITE BEACH, FL 32937-0610		
2. Principal Place of Business - No P.O. Box # 319 NORWOOD AVE.		3. Mailing Address Suite, Apt. #, etc.			
City & State SATELLITE BEACH, FL		City & State			
Zip 32937-3156		Country BREVARD		Zip	
Country		4. FEI Number 52-2370338			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JENKINS, MYRNA 564 GRANT AVE SATELLITE BEACH, FL 32937			7. Name and Address of New Registered Agent Name JEFF PEARSON Street Address (P.O. Box Number is Not Acceptable) 340 MAPLE DR. City SATELLITE BEACH FL FL Zip Code 32937		
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 <u>Robert E. Moser, TREASURER</u> <u>ROBERT E. MOSER</u> <u>1/16/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete JENKINS, MYRNA 564 GRANT AVE SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JEFF PEARSON 340 MAPLE DR. SATELLITE BEACH, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HAUSER, JOE 603 JILLOTUS ST MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVID NOWACKI 760 POINSETTA DR. SATELLITE BEACH, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ARMITAGE, FRANK 465 NORWOOD AVE SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	I/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT E. MOSER 319 NORWOOD AVE SATELLITE BEACH, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Robert E. Moser</u> <u>ROBERT E. MOSER</u> <u>1/16/08</u> <u>(321) 777-0467</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					