## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**



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

DOCUMENT # N0200006048  1. Entity Name THE SATELLITE BEACH LIONS FOUNDATION, INC.							01-22-200	8 90062 (	024 ****7	0.00		
Principal Place of Business 465 NORWOOD AVE. STAELLITE BEACH, FL 32937			Mailing Address P.O. BOX 372610 STAELLITE BEACH, FL 32937-0610									
	lace of Business - No P.O. Bo	ox# 3. Maili	3. Mailing Address			-						
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01162008 Chg-NP CR2E037 (12/06)						
SATELLITE BEACH, FL		City	City & State			4. FEI Numbe 52-2370			<u> </u>	plied For at Applicable		
32537~	3156 BREVAP	Zip		Country	,	5. Certificate	of Status Desired	×	\$8.75 Add Fee Require	litional		
	6. Name and Address of	Current Registere	d Agent			7. Name and	Address of New	Registered	Agent			
JENKINS, I	MVDNA			N	ame JEF	F PEF	ARSON					
564 GRAN				8		eet Address (P.O. Box Number)'s Not Acceptable)						
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	named entity submits this stations of registered agent.	tement for the purpo		•		-			tamiliar with,	and accept		
SIGNATURE .	Signature, typed or printed name of regis	stered agent and little if appli	TREAS		ont signature required		E. Mos	DATE	1 16	<u>පපි</u>		
	Signature, typed or printed name of regis Filling Fee is \$61.25 Due by May 1, 2008	stered agent and title if appl	<del>- 1</del>	Pegistered Age	ont signature required			DATE Make checi	k payable to			
	Filing Fee is \$61.25 Due by May 1, 2008	stered agont and title if applications of the state of th	9. Election Cam	Pegistered Age	on signature required	s \$5.00 May Be	Flo	DATE Make checi orida Depar	rtment of Si	tate		
	Filing Fee is \$61.25 Due by May 1, 2008	S AND DIRECTORS	9. Election Cam	Registered Age paign Finan ontribution.	noting   P	\$5.00 May Be Added to Fees ADDITIONS/CHA	Fix NGES TO OFFICE	Make chectorida Depar	RECTORS IN Change	tate		
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS D JENKINS, MYRNA 564 GRANT AVE	S AND DIRECTORS 32937	9. Election Cam Trust Fund Co	paign Finan ontribution.  11.  TITLE  NAME  STREET AD	Incing DORESS SAT	\$5.00 May Be Added to Fees ADDITIONS/CHA FF PEAR O MAPL TELLITE	FIGURES TO OFFICE  SON  E DR.  BEACH,  ACKI  TTA DR.	Make check prida Depar ERS AND DI	RECTORS IN Change	tate		
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I nereby 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: WOST	N ROBERT	E. Mosee	1 16 08	(321) 777-0467
SIGNATURE AND TYPED OR PRINTED N	IAME OF SIGNING OFFICER OR D		Date	Daytime Phone #