

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006048

FILED
Feb 09, 2009
Secretary of State

Entity Name: THE SATELLITE BEACH LIONS FOUNDATION, INC.

Current Principal Place of Business:

319 NORWOOD AVE
SATELLITE BEACH, FL 329373156

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 372610
STAELLITE BEACH, FL 329370610

New Mailing Address:

P.O. BOX 372462
STAELLITE BEACH, FL 329370462

FEI Number: 52-2370338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARSON, JEFF
340 MAPLE DR
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

HAUSER, JOSEPH PRESIDE
603 JILLOTUS STREET
MERRITT ISLAND, FL 32952 US

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.

SIGNATURE: JOSEPH HAUSER

02/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEARSON, JEFF
Address: 340 MAPLE DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: HAUSER, JOE
Address: 603 JILLOTUS ST
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: ARMITAGE, FRANK
Address: 465 NORWOOD AVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD () Delete
Name: NOWACKI, DAVID
Address: 760 POINSETTA DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TD (X) Delete
Name: MOSER, ROBERT E
Address: 319 NORWOOD AVE
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAUSER, JOE PRESIDE
Address: 603 JILLOTUS ST
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: D (X) Change () Addition
Name: ARMITAGE, FRANK V-PESID
Address: 465 NORWOOD AVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TD (X) Change () Addition
Name: ROBERT, MOSER TREASUR
Address: 319 NORWOOD AVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD (X) Change () Addition
Name: NOWACKI, DAVID SECRETA
Address: 760 POINSETTA DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT MOSER

TRES

02/09/2009

Electronic Signature of Signing Officer or Director

Date