2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N02000007557

Entity Name: THE HOMOSASSA LIONS FOUNDATION, INC.

Current Principal Place of Business:

3705 S INDIANA TERR
HOMOSASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

PO BOX 1401
HOMOSASSA SPRINGS, FL 34447

New Mailing Address:

FEI Number: 51-0427903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMEAU, DANA
6 SALVIA CT
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DURLING, ELLEN
Address: 4110 S COLONY TERR
City-St-Zip: HOMOSASSA, FL 34446

Title: S ( ) Delete
Name: HIGGINS, JUDY
Address: 7470 W ROSEDALE DR
City-St-Zip: HOMOSASSA, FL 34448

Title: T ( ) Delete
Name: COMEAU, DANA
Address: 6 SALVIA CT
City-St-Zip: HOMOSASSA, FL 34446

Title: VD ( ) Delete
Name: PROVOST, WENDY
Address: 6830 S JAY LEE PT
City-St-Zip: HOMOSASSA, FL 34446

Title: VD ( ) Delete
Name: PHILLIPS, CAROL
Address: 3231 S ARUNDEL TERR
City-St-Zip: HOMOSASSA, FL 34446

Title: VD ( ) Delete
Name: SOREL, MAURICE
Address: 4110 S COLONY TERR
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: DANA COMEAU T 01/05/2009

Electronic Signature of Signing Officer or Director — Date