

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90042 019 \*\*\*\*61.25

**DOCUMENT # N02000009571**

1. Entity Name

THE TICE LIONS FOUNDATION, INC.



Principal Place of Business

P O BOX 50901  
TICE FL 33994

Mailing Address

P O BOX 50901  
TICE FL 33994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

51-0437881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROCK, MALCOLM  
4180 ELLIS ROAD  
FT MYERS FL 33905

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME MCGARITY, RICHARD  
STREET ADDRESS 4325 ORANGEWOOD AVE  
CITY-ST-ZIP FT MYERS FL 33905

TITLE ☐ Delete  
NAME BROCK, STACY  
STREET ADDRESS 4180 ELLIS ROAD  
CITY-ST-ZIP FT MYERS FL 33905

TITLE ☐ Delete  
NAME LANYON, TERRY  
STREET ADDRESS 3240 EDGEWOOD AVE  
CITY-ST-ZIP FT MYERS FT 33916

TITLE ☐ Delete  
NAME UNDERWOOD, CHARLES SR.  
STREET ADDRESS 4640 UNDERWOOD DR.  
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☐ Delete  
NAME BROCK, MALCOLM C  
STREET ADDRESS 4180 ELLIS ROAD  
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☐ Delete  
NAME ROBERTS, DAN  
STREET ADDRESS 287 GRANDA BLVD.  
CITY-ST-ZIP FORT MYERS FL 33905

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*MALCOLM BROCK* MALCOLM BROCK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/04 239 6943477