


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009571 1. Entity Name THE TICE LIONS FOUNDATION, INC.	
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Principal Place of Business PO BOX50901 TICE, FL 33994	Mailing Address PO BOX50901 TICE, FL 33994
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 51-0437881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROCK, MALCOLM
4180 ELLIS ROAD
FT MYERS, FL 33905

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGARITY, RICHARD 4325 ORANGEWOOD AVE FT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCK, STACY 4180 ELLIS ROAD FT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANYON, TERRY 3240 EDGEWOOD AVE FT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNDERWOOD, CHARLES SR. 4640 UNDERWOOD DR. FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROCK, MALCOLM C 4180 ELLIS ROAD FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, DAN 287 GRANDA BLVD. FORT MYERS, FL 33905

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IN THIS SPACE**

U000000322054
04/21/05-80100-016 61.25

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 C. BROCK 4/18/05 239 694 3477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #