

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90298 020 \*\*\*\*61.25

**DOCUMENT # N02000009571**

1. Entity Name  
**THE TICE LIONS FOUNDATION, INC.**



Principal Place of Business

**PO BOX 50901  
TICE, FL 33994**

Mailing Address

**PO BOX 50901  
TICE, FL 33994**

**50011557**



03272006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**51-0437881**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BROCK, MALCOLM  
4180 ELLIS ROAD  
FT MYERS, FL 33905**

**DO NOT WRITE  
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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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:** *Malcolm C. Brock* **MALCOLM C. BROCK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**239-6943477**

**4/2/06**