


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N02000009571</b> 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
--	--

**DO NOT WRITE IN THIS SPACE**



04142007 No Chg-NP CR2E037 (4/06)

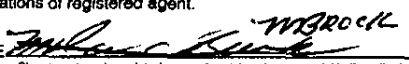
4. FEI Number 51-0437881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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  **MALCOLM C BROCK**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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

U000000728775  
05/08/07-80014-003 122.50

**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** 4/19/07 239 6743440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #