2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009571

1. Entity Name
THE TICE LIONS FOUNDATION, INC.

Principal Place of Business	Mailing Address
P O BOX 50901 TICE, FL 33994	P O BOX 50901 TICE, FL 33994

01212008 No Chg-NP CR2E037 (4/06)

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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

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000880247
04/15/08-80053-016 61.25

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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 3/29/08 239 654 3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #