

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009571

FILED  
Apr 18, 2009  
Secretary of State

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

**Current Principal Place of Business:**

P O BOX 50901  
TICE, FL 33994

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 50901  
TICE, FL 33994

**New Mailing Address:**

**FEI Number:** 51-0437881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCGARITY, RICHARD  
Address: 4325 ORANGEWOOD AVE  
City-St-Zip: FT MYERS, FL 33905

Title: D ( ) Delete  
Name: BROCK, STACY  
Address: 4180 ELLIS ROAD  
City-St-Zip: FT MYERS, FL 33905

Title: D ( ) Delete  
Name: LANYON, TERRY  
Address: 3240 EDGEWOOD AVE  
City-St-Zip: FT MYERS, FL 33916

Title: P ( ) Delete  
Name: UNDERWOOD, CHARLES SR.  
Address: 4640 UNDERWOOD DR.  
City-St-Zip: FORT MYERS, FL 33905

Title: S ( ) Delete  
Name: BROCK, MALCOLM C  
Address: 4180 ELLIS ROAD  
City-St-Zip: FORT MYERS, FL 33905

Title: T ( ) Delete  
Name: ROBERTS, DAN  
Address: 287 GRANDA BLVD.  
City-St-Zip: FORT MYERS, FL 33905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALCOLM BROCK

MR.

04/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date