

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90002 037 ****61.25

DOCUMENT # N03000000813					
1. Entity Name THE FLORAL CITY LIONS FOUNDATION, INC.					
Principal Place of Business P O BOX 4 FLORAL CITY, FL 34436		Mailing Address P O BOX 4 FLORAL CITY, FL 34436			
2. Principal Place of Business <i>P</i> P O Box 4 Suite, Apt. #, etc.		3. Mailing Address <i>FLORAL CITY</i> Suite, Apt. #, etc.			
City & State <i>FLORAL CITY, FL</i>		City & State		4. FEI Number NOT APPLICABLE	
Zip <i>34436</i>	Country <i>CITRUS</i>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEESLING, HERBERT E 6865 S BAKER AVE FLORAL CITY, FL 34436			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<i>P/O SYLVIA MORNINGSTAR</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COULSON, KAREN		NAME	<i>7664 CR 48 W BUSHNELL</i>	
STREET ADDRESS	4715 BEEWYN TERR.		STREET ADDRESS	<i>BUSHNELL, FL 32513</i>	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<i>Betty Keesling Ave</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEESLING, HERBERT E		NAME	<i>6865 S BAKER AVE</i>	
STREET ADDRESS	6865 S BAKER AVE		STREET ADDRESS	<i>FLORAL CITY, FL</i>	
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP	<i>34436</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ROGER		NAME		
STREET ADDRESS	8855 E WHALEN RD		STREET ADDRESS		
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<i>DOT ZIPPERER</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>P.O. Box 778</i>	
STREET ADDRESS			STREET ADDRESS	<i>HERNANDO FL 34442</i>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Herbert E. Keesling</i>			Date: <i>2-7-06</i>		Daytime Phone #: <i>352-726-5107</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>