

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000813

FILED
Feb 08, 2009
Secretary of State

Entity Name: THE FLORAL CITY LIONS FOUNDATION, INC.

Current Principal Place of Business:

P O BOX 4
FLORAL CITY, FL 34436

New Principal Place of Business:

6865 SOUTH BAKER STREET
FLORAL CITY, FL 34436

Current Mailing Address:

P O BOX 4
FLORAL CITY, FL 34436

New Mailing Address:

6865 SOUTH BAKER STREET
FLORAL CITY, FL 34436

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEESLING, HERBERT E
6865 S BAKER AVE
FLORAL CITY, FL 34436 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: PD () Delete
Name: MORNINGSTAR, SYLVIA
Address: 7664 CR 48 W BUSHNELL
City-St-Zip: ATHENS, AL 35613

Title: D () Delete
Name: KEESLING, HERBERT E
Address: 6865 S BAKER AVE
City-St-Zip: FLORAL CITY, FL 34436

Title: D () Delete
Name: CLARK, ROGER
Address: 8855 E WHALEN RD
City-St-Zip: FLORAL CITY, FL 34436

Title: T () Delete
Name: KEESLING, BETTY
Address: 6865 S BAKER AVE
City-St-Zip: FLORAL CITY, FL 34436

Title: [() Delete
Name: SMITH, GLENN
Address: 11482 S FLA AVE
City-St-Zip: FLORAL CITY, FL 34436

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:

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: BETTY KEESLING

OFFI

02/08/2009

Electronic Signature of Signing Officer or Director

Date