## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000866

FILED May 19, 2009 Secretary of State

Entity Name: THE INVERNESS LIONS FOUNDATION, INC.

	Principal Place of Business:	New Principal Place of Business:
130 HEIG INVERNE	HTS AVE SS, FL 34452	
Current N	lailing Address:	New Mailing Address:
PO BOX 2 INVERNE	295 SS, FL 34451	
In accordar	r: 02-0668972 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation of d Address of Current Registered Agent	id not receive the prior notice.
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SUE COHEN, JANET 854 W. GLEASON PL. BEVERLY HILLS, FL 34465 US		MEYERS, CECILE TREASUR 2 SOUTH DESOTO STREET BEVERLY HILLS, FL 34465 US
The above in the Stat	e named entity submits this statement for t e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE: CECILE MEYERS	05/19/2009
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	P ( ) Delete MEYERS, JOHN 2 S. DESOTO ST BEVERLY HILLS, FL 34465	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
	V () Delete	
Name: Address:	ANDREICHUK, GREGORY 1112 E. BUCKNELL AVE INVERNESS, FL 34450	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Name: Address: City-St-Zip: Title: Name: Address:	ANDREICHUK, GREGORY 1112 E. BUCKNELL AVE	Name: Address:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	ANDREICHUK, GREGORY 1112 E. BUCKNELL AVE INVERNESS, FL 34450  D ( ) Delete GENDON, MADELEINE 208 N CITRUS	Name: Address: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip: City-St-Zip:	ANDREICHUK, GREGORY 1112 E. BUCKNELL AVE INVERNESS, FL 34450  D ( ) Delete GENDON, MADELEINE 208 N CITRUS INVERNESS, FL 34452  T ( ) Delete SHIBLEY, BARBARA 943 HICHORY AVE	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: TREA (X) Change ( ) Addition Name: MEYERS, CECILE Address: 2 SOUTH DESOTO STREET

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: CECILE MEYERS TREA 05/19/2009