

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001370

FILED
Jan 06, 2007
Secretary of State

Entity Name: THE HUDSON/BAYONET POINT LIONS FOUNDATION, INC.

Current Principal Place of Business:

3703 FALLSCREST CIRCLE
CLERMONT, FL 347715089 US

New Principal Place of Business:

Current Mailing Address:

3703 FALLSCREST CIRCLE
CLERMONT, FL 347715089 US

New Mailing Address:

FEI Number: 16-1654026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIORE, JOHN R
3703 FALLSCREST CIRCLE
CLERMONT, FL 347115089 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: JARVIS, ALFRED
Address: 6334 SPRING FLOWER DRIVE UNIT 14
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: SD () Delete
Name: MASON, DORIS
Address: 1172 LAMADERA BLVD, # 406
City-St-Zip: PORT RICHEY, FL 34668 US

Title: TD () Delete
Name: FIORE, JOHN R
Address: 3703 FALLSCREST CIRCLE
City-St-Zip: CLERMONT, FL 347115089 US

Title: VPD () Delete
Name: DAVIS, CHARLIE
Address: 4178 HIGHLAND LOOP
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN R. FIORE

TD

01/06/2007

Electronic Signature of Signing Officer or Director

Date