2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008829

Entity Name: THE SEMINOLE LIONS FOUNDATION, INC.

FILED Jun 12, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: PO BOX 3721 SEMINOLE, FL 33775 **Current Mailing Address: New Mailing Address:** PO BOX 3721 SEMINOLE, FL 33775 FEI Number: 71-0952638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARD, KENT 12300 VONN RD #4107 LARGO, FL 33774 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DOUDNA, THORNTON E Name: Name: Address: 13300 INDIAN ROCKS RD #401 Address: City-St-Zip: LARGO, FL 337742008 City-St-Zip: Title: () Delete Title: () Change () Addition Name: VELTMAN, RONALD W Name: Address: 12300 VONN RD #4307 Address: City-St-Zip: LARGO, FL 337743400 City-St-Zip: Title: () Delete Title: (X) Change () Addition KENT, WARD M Name: KENT, WARD M Name: 12300 VONN RD #4107 12300 VONN RD #7106 Address: Address: City-St-Zip: LARGO, FL 33774 City-St-Zip: LARGO, FL 33774 Title: () Delete Title: () Change (X) Addition Name: Name: FORTSON, CHARLIE 9461 HARBOR GREENS WAY Address: Address: City-St-Zip: City-St-Zip: SEMINOLE, FL 337762358 Title: () Delete Title: () Change (X) Addition HARRY, SCHINDLER Name: Name: 10438 KUMQUAT LN Address: Address: City-St-Zip: City-St-Zip: SEMINOLE, FL 337727516 Title: () Delete Title: () Change (X) Addition HOFFMAN, AUDREY Name: Name: Address: Address: 13595 MONALEE AVE SEMINOLE, FL 33776 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HARRY SCHINDLER T 06/12/2004