


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90138 017 ****61.25

DOCUMENT # N03000008829 1. Entity Name THE SEMINOLE LIONS FOUNDATION, INC.			
Principal Place of Business PO BOX 3721 SEMINOLE, FL 33775		Mailing Address PO BOX 3721 SEMINOLE, FL 33775	
2. Principal Place of Business - No P.O. Box # P.O. Box 3721 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 3721 Suite, Apt. #, etc.	
City & State SEMINOLE, FLORIDA Zip 33775 Country		City & State SEMINOLE, FLORIDA Zip 33775 Country	
4. FEI Number 71-0952638		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARD, KENT 12300 VONN RD #4107 LARGO, FL 33774		7. Name and Address of New Registered Agent Name RONALD W. VELTMAN Street Address (P.O. Box Number is Not Acceptable) 12300 VONN RD #4307 City LARGO FL Zip Code 33774	
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 <u>Ronald W. Veltman</u> DATE <u>3/28/07</u> <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, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D D'ODNA, THORNTON E 13300 INDIAN ROCKS RD #401 LARGO, FL 337742008	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VELTMAN, RONALD W 12300 VONN RD #4307 LARGO, FL 337743400	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENT, WARD M 12300 VONN RD #4107 LARGO, FL 33774	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRY, SCHINDLER 10438 KUMQUAT LN SEMINOLE, FL 337727516	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOFFMAN, AUDREY 13595 MONALEE AVE SEMINOLE, FL 33776	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLMAN, THOMAS 9204 50th AVE, N. MEDEIRA BEACH, FLORIDA 33708	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Ronald W. Veltman</u>		Date <u>3/28/07</u>	Daytime Phone # <u>(727) 517-8802</u>