

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90182 029 ****61.25

DOCUMENT # N03000009283					
1. Entity Name THE LIONS FOUNDATION OF FELLSMERE, INC.					
Principal Place of Business P.O. BOX 1174 FELLSMERE, FL 32948-1174			Mailing Address P.O. BOX 1174 FELLSMERE, FL 32948-1174		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04172006 Chg-NP CR2E037 (11/05)	
4. FEI Number 71-0952635				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WYGANT, JAMES A 12455 79TH ST FELLSMERE, FL 32948			7. Name and Address of New Registered Agent Name <u>CHERYL HAMPTON</u> Street Address (P.O. Box Number is Not Acceptable) <u>100 N. OLEANDER STREET</u> City <u>FELLSMERE</u> FL <u>32948</u>		
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>[Signature]</u> <small>(NOTE: Registered Agent signature required when constituting)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 D	NAME SZEMAN, HARRY	<input checked="" type="checkbox"/> Delete	TITLE Director	NAME BARBARA A. MCFARLAND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12900 97TH ST	FELLSMERE, FL 32948		STREET ADDRESS 13825 98th Street	FELLSMERE, FL 32948	
CITY - ST - ZIP	FELLSMERE, FL 32948		CITY - ST - ZIP	FELLSMERE, FL 32948	
TITLE D	NAME HOLT, MARY J	<input checked="" type="checkbox"/> Delete	TITLE Director	NAME ELFRIEDE DIAMOND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 216 S CYPRESS ST	FELLSMERE, FL 32948		STREET ADDRESS 664 BADGER Street	SEBASTIAN, FL 32958	
CITY - ST - ZIP	FELLSMERE, FL 32948		CITY - ST - ZIP	FELLSMERE, FL 32948	
TITLE D	NAME FREEMAN, MARGARET	<input checked="" type="checkbox"/> Delete	TITLE Director	NAME CLARENCE EPSILANTIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 60-3-102 SONRISE SQUARE	FELLSMERE, FL 32948		STREET ADDRESS 22 S. WILLOW	FELLSMERE, FL 32948	
CITY - ST - ZIP	FELLSMERE, FL 32948		CITY - ST - ZIP	FELLSMERE, FL 32948	
TITLE P	NAME WYGANT, JAMES A	<input checked="" type="checkbox"/> Delete	TITLE Director	NAME JAMES A. WYGANT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12455 79TH ST	FELLSMERE, FL 32948		STREET ADDRESS 12455 79th Street	FELLSMERE, FL 32948	
CITY - ST - ZIP	FELLSMERE, FL 32948		CITY - ST - ZIP	FELLSMERE, FL 32948	
TITLE S	NAME WATT, SHARLEE	<input type="checkbox"/> Delete	TITLE Treasurer	NAME PAUL A. MATTFELD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 142 S. CYPRESS ST	FELLSMERE, FL 329486720		STREET ADDRESS 429 PAPAYA CIRCLE	BAREFOOT BAY, FL 32976	
CITY - ST - ZIP	FELLSMERE, FL 329486720		CITY - ST - ZIP	BAREFOOT BAY, FL 32976	
TITLE T	NAME MCFARLAND, BARBARA	<input checked="" type="checkbox"/> Delete	TITLE Treasurer	NAME PAUL A. MATTFELD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS PO BOX 336	FELLSMERE, FL 32948		STREET ADDRESS 429 PAPAYA CIRCLE	BAREFOOT BAY, FL 32976	
CITY - ST - ZIP	FELLSMERE, FL 32948		CITY - ST - ZIP	BAREFOOT BAY, FL 32976	
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>Barbara A. McFarland</u>			4-17-06 772-571-1777		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		