

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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**



01162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0952635

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAMPTON, CHERYL
100 N OLEANDER ST
FELLSMERE, FL 32948**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAMPTON, CHERYL
STREET ADDRESS	100 N. OLEANDER ST
CITY-ST-ZIP	FELLSMERE, FL 32948

TITLE	D
NAME	FREEMAN, MARGARET
STREET ADDRESS	60 SUNRISE SQ
CITY-ST-ZIP	FELLSMERE, FL 32948

TITLE	D
NAME	SZEMAN, HARRY
STREET ADDRESS	12400 97TH ST
CITY-ST-ZIP	FELLSMERE, FL 32948

TITLE	D
NAME	WYGANT, JAMES A
STREET ADDRESS	12455 79TH ST
CITY-ST-ZIP	FELLSMERE, FL 32948

TITLE	S
NAME	WATT, SHERLEE
STREET ADDRESS	142 S. CYPRESS ST
CITY-ST-ZIP	FELLSMERE, FL 329486720

TITLE	T
NAME	MATTFELD, PAUL A
STREET ADDRESS	429 PAPAYA CIR
CITY-ST-ZIP	SEBASTIAN, FL 32976

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01/31/08-80013-021 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul A. Matfeld Jr. **Paul A. MATTFELD** 1/25/08 772-571-1555