

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009283

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE LIONS FOUNDATION OF FELLSMERE, INC.

Current Principal Place of Business:

P.O.BOX 1174
FELLSMERE, FL 329481174

New Principal Place of Business:

1 NORTH ORANGE ST
FELLSMERE, FL 32948

Current Mailing Address:

P.O.BOX 1174
FELLSMERE, FL 329481174

New Mailing Address:

P.O.BOX 1174
FELLSMERE, FL 329481174 IR

FEI Number: 71-0952635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WATT, SHERLEE
142 SOUTH CYPRESS ST
FELLSMERE, FL 32948 US

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: SHERLEE WATT

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMPTON, CHERYL
Address: 100 N. OLEANDER ST
City-St-Zip: FELLSMERE, FL 32948

Title: D () Delete
Name: FREEMAN, MARGARET
Address: 60 SUNRISE SQ
City-St-Zip: FELLSMERE, FL 32948

Title: D () Delete
Name: SZEMAN, HARRY
Address: 12400 97TH ST
City-St-Zip: FELLSMERE, FL 32948

Title: D () Delete
Name: WYGANT, JAMES A
Address: 12455 79TH ST
City-St-Zip: FELLSMERE, FL 32948

Title: S () Delete
Name: WATT, SHERLEE
Address: 142 S. CYPRESS ST
City-St-Zip: FELLSMERE, FL 329486720

Title: T () Delete
Name: MATTFELD, PAUL A
Address: 429 PAPAYA CIR
City-St-Zip: SEBASTIAN, FL 32976

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOISVERT, PHYLLIS
Address: 681 CARAVAN TERRACE
City-St-Zip: SEBASTIAN, FL 32958

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EPSILANTIS, CLARENCE
Address: 14 SOUTH WILLOW ST
City-St-Zip: FELLSMERE, FL 32948

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 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: PAUL A. MATTFELD

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date