

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001374

FILED
Jun 26, 2006
Secretary of State

Entity Name: THE VIERA LIONS FOUNDATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 561377
ROCKLEDGE, FL 329561377

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 561377
ROCKLEDGE, FL 329561377

New Mailing Address:

FEI Number: 84-1636344 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PICK, EDWARD
1356 FARGO DRIVE
MELBOURNE, FL 32940 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TREA () Delete
Name: BULLOCK, MARY A
Address: 8133 OLD TRAMWAY DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: SEC () Delete
Name: SORG, CAROLYN
Address: 4330 COLLINGTREE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: PRES () Delete
Name: GREER, ANNE
Address: 1291 SAINT ANDREWS DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VP () Delete
Name: JACKSON, ROBERT
Address: 1824 SUNGAZER DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: DIR () Delete
Name: JARRELL, HARLEY
Address: 8631 SHERIDAN ROAD
City-St-Zip: MELBOURNE, FL 32904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: MARY A BULLOCK

TREA

06/26/2006

Electronic Signature of Signing Officer or Director

Date