

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001374

FILED  
Feb 01, 2011  
Secretary of State

**Entity Name:** THE VIERA LIONS FOUNDATION, INC.

**Current Principal Place of Business:**

8133 OLD TRAMWAY DR  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 561377  
ROCKLEDGE, FL 329561377 US

**New Mailing Address:**

**FEI Number:** 84-1636344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PICK, EDWARD  
1356 FARGO DRIVE  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

BULLOCK, MARY A  
8133 OLD TRAMWAY DR  
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: MARY A BULLOCK

02/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TREA  
Name: DONOVAN, CARLA  
Address: 1941 CRANE CREEK BLVD  
City-St-Zip: MELBOURNE, FL 32940 US

Title: SEC  
Name: BULLOCK, MARY A  
Address: 8133 OLD TRAMWAY DR  
City-St-Zip: MELBOURNE, FL 32940 US

Title: PRES  
Name: BULLOCK, JOSEPH T  
Address: 8133 OLD TRAMWAY DR  
City-St-Zip: MELBOURNE, FL 32940 US

Title: VP  
Name: JACKSON, RUBY  
Address: 7157 BRODERICK DR  
City-St-Zip: MELBOURNE, FL 32940 US

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

I hereby 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 all other like empowered.

SIGNATURE: MARY A BULLOCK

SEC

02/01/2011

Electronic Signature of Signing Officer or Director

Date