
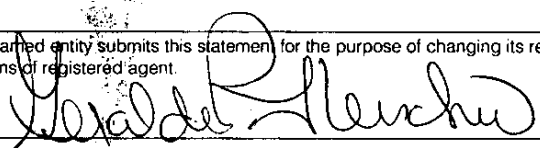
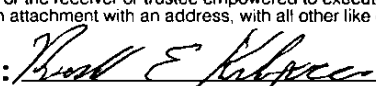


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90099 021 \*\*\*\*61.25

<b>DOCUMENT # N05000000820</b> 1. Entity Name <b>THE CAPE CORAL LIONS FOUNDATION, INC.</b>			
Principal Place of Business <b>3101 SE. 10TH. PL. CAPE CORAL, FL 33904</b>		Mailing Address <b>3101 SE. 10TH. PL. CAPE CORAL, FL 33904</b>	
2. Principal Place of Business - No P.O. Box # <b>631 S.E. 34th St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>631 S.E. 34th St.</b> Suite, Apt. #, etc.	
City & State <b>Cape Coral</b>		City & State <b>Cape Coral</b>	
Zip <b>33904</b>	Country <b>Lee</b>	Zip <b>33904</b>	Country <b>Lee</b>
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KILGORE, RONALD E 3101 SE 10TH PLACE CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent Name <b>Fleisher, Geraldine</b> Street Address (P.O. Box Number is Not Acceptable) <b>631 S.E. 34th St.</b> City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33904</b>	
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  DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KILGORE, RONALD E 3101 SE 10TH PLACE CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fleisher, Geraldine <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add 631 S.E. 34th St Cape Coral, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. ANDERSEN, RICHARD 213 NE 22ND AVE. CAPE CORAL, FL 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. WILSON, ALLEN 5325 MALALUKA CT. CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MCCABE, GENEVEIVE W 2013 SE. 26TH. TERRACE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/10/08 29549-5378 Date Daytime Phone #	