

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000820

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** THE CAPE CORAL LIONS FOUNDATION, INC.

**Current Principal Place of Business:**

631 S.E. 34TH STREET  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

631 S.E. 34TH STREET  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLEISHER, GERALDINE  
631 S.E. 34TH ST  
CAPE CORAL, FL 33904 US

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

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: PRES  
Name: GERALDINE, FLEISCHER  
Address: 631 S.E. 34TH STREET  
City-St-Zip: CAPE CORAL, FL 33904

Title: V.P.  
Name: ANDERSEN, RICHARD  
Address: 213 NE 22ND AVE.  
City-St-Zip: CAPE CORAL, FL 33909

Title: SEC.  
Name: WILSON, ALLEN  
Address: 5325 MALALUKA CT.  
City-St-Zip: CAPE CORAL, FL 33914

Title: TRES  
Name: MCCABE, GENEVEIVE W  
Address: 2013 SE. 26TH. TERRACE  
City-St-Zip: CAPE CORAL,, FL 33904

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: G. FLEISCHER

PRES

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date