

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90128 030 ****61.25

DOCUMENT # N05000000937

1. Entity Name

THE PENSACOLA LIONS FOUNDATION, INC.



Principal Place of Business

PO BOX 868
PENSACOLA FL 32591

Mailing Address

PO BOX 868
PENSACOLA FL 32591



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-2163347

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESSICK, JIMMY D

~~4300 BAYOU BLVD STE 21~~ 6132 N. "W" ST. SUITE 3
PENSACOLA FL 32509-32505

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	BARBEE, GLENN	<input type="checkbox"/> Delete
STREET ADDRESS			6340 N SHORE DR	
CITY- ST- ZIP			PENSACOLA FL 32507	
TITLE	D	NAME	BARRON, TOM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			800 FT PICKENS RD 702	
CITY- ST- ZIP			GULF BREEZE FL 32561	
TITLE	D	NAME	REINE, HOWARD E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			2101 EAST CROSS ST.	
CITY- ST- ZIP			PENSACOLA FL 32503	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY- ST- ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY- ST- ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY- ST- ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	JIMMY D. MESSICK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			6132 N. "W" ST. SUITE 3	
CITY- ST- ZIP			PENSACOLA, FL 32505	
TITLE	O	NAME	CURTIS C. BOONE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			4205 WEST JACKSON ST	
CITY- ST- ZIP			PENSACOLA FL 32505	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY- ST- ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY- ST- ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY- ST- ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY- ST- ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Curtis C. Boone CURTIS C. BOONE

4-11-08

850-438-2478