


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90844 042 \*\*\*\*61.25

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # N05000001677</b><br>1. Entity Name<br><b>THE FORT PIERCE LIONS FOUNDATION, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>P O BOX 1052<br/>FT PIERCE, FL 34954-1052</b>  |  |   | Mailing Address<br><b>P O BOX 1052<br/>FT PIERCE, FL 34954-1052</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |  |
| City & State   |  | City & State  |  |  |  |
| Zip  | Country  | Zip   | Country  | 4. FEI Number<br><b>20-2163211</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | Applied For<br><input type="checkbox"/> <b>\$8.75</b> Additional Fee Required<br><input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent  |  |  |
| <b>MILLER, CARL<br/>4605 MAGNOLIA DR<br/>FT PIERCE, FL 34982</b>   |  |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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 <u><i>Carl Miller</i></u> <b>(CARL MILLER)</b><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  | <small>(NOTE: Registered Agent signature required when reinstating)</small>         |  | DATE <u>4-27-07</u>  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>BEARY, MARIAN</b><br><b>5012 SUNSET BLVD</b><br><b>FORT PIERCE, FL 34982</b>          | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>ST</b><br><b>SPENCER, ALLISON</b><br><b>4909 EAGLE DR</b><br><b>FORT PIERCE, FL 34951</b>         | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>SPENCER, DONALD</b><br><b>4909 EAGLE DR</b><br><b>FORT PIERCE, FL 34951</b>           | <input checked="" type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>FENN, HAVERT</b><br><b>2801 AVE I</b><br><b>FORT PIERCE, FL 34947</b>                 | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>COLLIER, WILLIAM</b><br><b>6606 PALCO PINES DR</b><br><b>FORT PIERCE, FL 34951</b>    | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>MILLER, CARL</b><br><b>4605 MAGNOLIA DR</b><br><b>FORT PIERCE, FL 34982</b>           | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T</b><br><b>ALLISON SPENCER</b><br><b>4909 EAGLE DR</b><br><b>Ft. Pierce, FL 34951</b>            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S</b><br><b>BILL PULS</b><br><b>1103 KINGSWOOD LN.</b><br><b>Ft. Pierce, FL 34982</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>2nd V</b><br><b>COLLIER, WILLIAM</b><br><b>6606 PALCO PINES DR</b><br><b>Ft. Pierce, FL 34951</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V</b><br><b>MILLER, CARL</b><br><b>4605 MAGNOLIA DR</b><br><b>Ft. Pierce, FL 34982</b>            | <input checked="" 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: <u><i>Allison Spencer</i></u><br><b>ALLISON SPENCER</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | Date <u>4-27-07</u>   |  | Daytime Phone # <u>772 465 4611</u>  |  |

# ATTACHMENT

40093383

#N05000001677

D CAROLYN PULS

1103 Kingswood LN

Ft. Pierce, FL. 34982

D MARY EVELYN RAYNER

703 Sharon Terrace

Ft. Pierce, FL. 34982

D Beverly BUSTIN

115 Beach Ave

Pt. St. Lucie, FL 34952