2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90072 015 ****61.25

DOCUMENT # N05000001677

1. Entity Name
THE FORT PIERCE LIONS FOUNDATION, INC.

Principal Place of Business	Mailing Address
P O BOX 1052 FT PIERCE, FL 34954-1052	P O BOX 1052 FT PIERCE, FL 34954-1052

04182008 Chg-NP CR2E037 (12/06)

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 20-2163211 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, CARL 4605 MAGNOLIA DR FT PIERCE, FL 34982	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 Carl Miller CARL MILLER 4-19-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BEARY, MARIAN 5012 SUNSET BLVD FORT PIERCE, FL 34982	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D MILLER, CARL 4605 Magnolia DR Ft. Pierce, FL. 34982	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SPENCER, ALLISON 4909 EAGLE DR FORT PIERCE, FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D Collier, William 6606 Paleo Pines Dr Ft Pierce, FL. 34951	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PULS, BILL 1103 KINGSWOOD LN FORT PIERCE, FL 34982	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D Beany, MARIAN 5012 Sunset Blvd Ft Pierce, FL 34982	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FENN, HAVERT 2601 AVE I FORT PIERCE, FL 34947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Spencer, Donald 4909 Eagle DR Ft Pierce, FL. 34951	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2NDV COLLIER, WILLIAM 6606 PALCO PINES DR FORT PIERCE, FL 34951	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bustin, Beverly 115 Beach Avenue Pt. St. Lucie, FL. 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MILLER, CARL 4605 MAGNOLIA DR FORT PIERCE, FL 34982	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Allison Spencer - ALLISON SPENCER 4-19-08 7724654611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #