

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001677

FILED  
Apr 21, 2010  
Secretary of State

**Entity Name:** THE FORT PIERCE LIONS FOUNDATION, INC.

**Current Principal Place of Business:**

4605 MAGNOLIA DR.  
FT. PIERCE, FL 34982

**New Principal Place of Business:**

4909 EAGLE DRIVE.  
FT. PIERCE, FL 34951

**Current Mailing Address:**

4605 MAGNOLIA DR.  
FT. PIERCE, FL 34982

**New Mailing Address:**

4909 EAGLE DRIVE.  
FT. PIERCE, FL 34951

**FEI Number:** 20-2163211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, CARL  
4605 MAGNOLIA DR  
FT PIERCE, FL 34982 US

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

SPENCER, ALLISON E T  
4909 EAGLE DRIVE  
FT PIERCE, FL 34951 US

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: ALLISON E. SPENCER

04/21/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PAWLUS, RICHARD P  
Address: 2023 ST. LUCIE BLVD.  
City-St-Zip: FORT PIERCE, FL 34946

Title: VD  
Name: BUSTIN, BEVERLY V  
Address: 115 BEACH AVENUE  
City-St-Zip: PT. ST. LUCIE, FL 34952

Title: SD  
Name: PHILLIPS, MARITA S  
Address: 2980 ADMIRAL ST.  
City-St-Zip: FORT PIERCE, FL 34982

Title: TD  
Name: SPENCER, ALLISON E TD  
Address: 4909 EAGLE DRIVE  
City-St-Zip: FORT PIERCE, FL 34951

Title: D  
Name: NEILL, PAT D  
Address: 909D SAVANNAS PT. DRIVE  
City-St-Zip: FT. PIERCE, FL 34982

Title: D  
Name: FENN, HAVERT D  
Address: 2601 AVENUE I  
City-St-Zip: FT. PIERCE, FL 34947

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: ALLISON E. SPENCER

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04/21/2010

Electronic Signature of Signing Officer or Director

Date