

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90075 042 ****61.25

DOCUMENT # N05000004197

1. Entity Name

TALLAHASSEE LIONS FOUNDATION, INC.



Principal Place of Business

4615 AMBER VALLEY ROAD
TALLAHASSEE FL 32312
US

Mailing Address

P.O. BOX 133
TALLAHASSEE FL 32302-0133
US



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

20-1717424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

PACE, ROBERT
4615 AMBER VALLEY ROAD
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

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, 2007

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	TD	<input checked="" type="checkbox"/> Delete
NAME	PACE, ROBERT R	
STREET ADDRESS	4615 AMBER VALLEY ROAD	
CITY ST / ZIP	TALLAHASSEE FL 32312	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PACE, WILLIAM E	
STREET ADDRESS	3743 LONGCHAMP CR.	
CITY ST / ZIP	TALLAHASSEE FL 32309	
TITLE	D	<input type="checkbox"/> Delete
NAME	OATLEY, ARTHUR	
STREET ADDRESS	122 QUAIL ROAD	
CITY ST / ZIP	HAVANA FL 32333	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WILSON, JESS	
STREET ADDRESS	1210 CAMELLIA DRIVE	
CITY ST / ZIP	TALLAHASSEE FL 32301	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, ANNE C	
STREET ADDRESS	438 EAST OSPREY LANE	
CITY ST / ZIP	MONTICELLO FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST / ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONNIE GREEN	
STREET ADDRESS	2904 RIDDLE CT	
CITY ST / ZIP	TALLAHASSEE FL 32309	
TITLE	BVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN WHITE	
STREET ADDRESS	PO BOX 415	
CITY ST / ZIP	LINCOLN FL 32337	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	177 QUAIL RIDGE RD	
CITY ST / ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN ARMSTRONG	
STREET ADDRESS	7025 LAKE BASIN RD	
CITY ST / ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST / ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY MALLOY	
STREET ADDRESS	2993 WOODRICH DR APT D	
CITY ST / ZIP	TALLAHASSEE FL 32301	

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: ARTHUR G. OATLEY **2/15/07 850-539-7096**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #