2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2008 8:00 am Secretary of State DOCUMENT # N05000004197 04-07-2008 90052 028 ****61.25 TALLAHASSEE LIONS FOUNDATION, INC. Principal Place of Business Mailing Address 4 W ~ -4615 AMBER VALLEY ROAD P.O. BOX 133 TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32302-0133 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 Cho-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 20-1717424 Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PACE, ROBERT 4615 AMBER VALLEY ROAD TALLAHASSEE, PL 32312 Street Address (P.O. Box Number is Not Acceptable) City 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) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 'nΩ TITLE □ Defete HHE ☐ Change ■ Addition GREER, RONNIE' NAME NAME 2904 RIDDLE CT STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32309 CHY-ST-7IP CITY-ST-7/P VPD ☐ Delete TITLE TITLE ☐ Change ☐ Addition WHITE, JOHN NAME PO BOX 415 STREET ADDRESS STREET ADORESS CITY-ST-ZIP LLOYD, FL 32337 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition OATLEY, ARTHUR NAME NAME 177 QUAIL RIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAVANA, FL 32333 CITY-ST-ZIP ☐ Defete MILE NILE Change ☐ Addition ARMSTRONG, BRIAN NAME NAME 7025 LAKE BASIN RD STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition DAVIS, ANNE C NAME NAME 438 EAST OSPREY LANE STREET ADDRESS STREET ADDRESS MONTICELLO, FL 32344 CITY-ST-7/P CITY-ST-7/2 IIILE SD ☐ Delete TITLE Change Addition MALLOY, RAY NAME 2993 WOODRICH DR APT D STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32301 CITY-ST-ZIP CITY-ST-ZIP

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 rame appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

ING OFFICER OR DIRECTOR

Davirne Phone #

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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # N05000004197 ATTACHMENT TALLAHASSEE LIONS FOUNDATION, INC. Principal Place of Business Mailing Address **4615 AMBER VALLEY ROAD** P.O. BOX 133 TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32302-0133 US 01172008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1717424 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PACE, ROBERT DO NOT WRITE 4615 AMBER VALLEY ROAD TALLAHASSEE, FL 32312 IN THIS SPACE 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) \$5.00 May Be 9. Election Campaign Financing Filing Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GREER, RONNIE STREET ADDRESS 2904 RIDDLE CT CITY-ST-ZIP TALLAHASSEE, FL 32309 TIFLE VPD NAME WHITE, JOHN STREET ADDRESS PO BOX 415 CITY-ST-ZIP LLOYD, FL 32337 TITLE NAME OATLEY, ARTHUR STREET ADDRESS 177 QUAIL RIDGE RD DO NOT WRITE CITY-ST-ZIP HAVANA, FL 32333 TITLE IN THIS SPACE NAME ARMSTRONG, BRIAN STREET ADDRESS 7025 LAKE BASIN RD CITY-ST-ZIP TALLAHASSEE, FL 32312 TITLE NAME DAVIS, ANNE C STREET ADDRESS 438 EAST OSPREY LANE CITY-ST-ZIP MONTICELLO, FL 32344

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SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SD

MALLOY, RAY

2993 WOODRICH DR APT D

TALLAHASSEE, FL 32301

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #