

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2009
Secretary of State**

DOCUMENT# N05000004501

Entity Name: THE SOUTH ORANGE COUNTY LIONS FOUNDATION, INC.

Current Principal Place of Business:

2626 HOFFMAN DR
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

2626 HOFFMAN DR
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 20-1864552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENNIGHAN, ELIZABETH
2626 HOFFMAN DR
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, MARY L
Address: 3906 QUANDO DR
City-St-Zip: ORLANDO, FL 32802

Title: D () Delete
Name: DILKS, DANIELLE R
Address: 1234 WINDMILL RIDGE LOOP
City-St-Zip: ORLANDO, FL 32828

Title: PD () Delete
Name: HENNIGMAN, JAMES
Address: 2626 HOFFMAN DR
City-St-Zip: ORLANDO, FL 32837

Title: TD () Delete
Name: HENNIGHAN, ELIZABETH
Address: 2626 HOFFMAN DR
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FIORE, CHRISTINE
Address: 1045 GREEN GATE BLVD.
City-St-Zip: GROVELAND, FL 34736

Title: PD (X) Change () Addition
Name: HENNIGHAN, JAMES
Address: 2626 HOFFMAN DR
City-St-Zip: ORLANDO, FL 32837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH HENNIGHAN

TD

04/15/2009

Electronic Signature of Signing Officer or Director

Date