

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005271

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE PORT ST. LUCIE LIONS FOUNDATION, INC.

Current Principal Place of Business:

1829 SW HICKOCK TERRACE
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

610 MARION AVE.
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

PO BOX 85-7126
PORT ST LUCIE, FL 34985

New Mailing Address:

610 MARION AVE.
PORT SAINT LUCIE, FL 34983

FEI Number: 51-0153017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULL, JACQUELINE
610 NW MARION AVE.
PORT ST LUCIE, FL 34983 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: MICKLES, DEBORA
Address: 1829 SOUTHWEST HICKOK TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TD () Delete
Name: HOLLINS, CARL
Address: 1792 SW COCHRAN ST
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D () Delete
Name: DELLAVEDOVA, JOHN
Address: 102 SOUTHWEST MAJESTIC TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: SD () Delete
Name: HULL, JACKIE
Address: 610 MARION AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: PD () Delete
Name: BAPTISTE, ARTHUR
Address: 1694 SOUTHEAST DOME CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: BAPTISTE, ARTHUR
Address: 1694 SOUTHEAST DOME CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: CARL W. HOLLINS

TD

03/19/2009

Electronic Signature of Signing Officer or Director

Date