

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011673

FILED
Mar 24, 2008
Secretary of State

Entity Name: NORTH PORT LIONS FOUNDATION, INC.

Current Principal Place of Business:

1260 COVEY COURT
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

13624 TAMiami TR
PMB 200
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 76-0820129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELLOR, CORD C
13801 S TAMiami TRAIL
SUITE D
NORTH PORT, FL 34287 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: T () Delete
Name: JIMISON, RICHARD
Address: 4433 SAN LUIS TERRACE
City-St-Zip: NORTH PORT, FL 34286

Title: P () Delete
Name: KIRKEENG, ALF E
Address: 1260 COVEY COURT
City-St-Zip: VENICE, FL 34293

Title: V () Delete
Name: COYLE, AMY
Address: 2071 PALAMOR ST.
City-St-Zip: NORTH PORT, FL 34287

Title: S () Delete
Name: OBRECHT, GLORIA
Address: 4577 LULLABYE ROAD
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: OBRECHT, ALLAN
Address: 4577 LULLABYE ROAD
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: DUKES, FAYE
Address: 2915 BELLEVILLE TERRACE
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: STELLMACH, MARY LOU
Address: 5520 WHITE IBIS DR.
City-St-Zip: NORTH PORT, FL 34287

Title: S (X) Change () Addition
Name: OBRECHT, GLORIA
Address: 4887 O'SHEA ST.
City-St-Zip: NORTH PORT, FL 34291

Title: V (X) Change () Addition
Name: OBRECHT, ALLAN
Address: 4887 O'SHEA ST.
City-St-Zip: NORTH PORT, FL 34291

Title: D (X) Change () Addition
Name: DUKES, FAYE
Address: 4050 FAIRWAY DR.
City-St-Zip: NORTH PORT, FL 34287

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: ALF E. KIRKEENG, 03-24-08

PRES

03/24/2008

Electronic Signature of Signing Officer or Director

Date