

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002846

FILED
Apr 12, 2009
Secretary of State

Entity Name: THE FORT WALTON BEACH LIONS FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 844
FT WALTON BEACH, FL 32549

New Principal Place of Business:

1955 LEWIS TURNER BLVD.
FT WALTON BEACH, FL 32547

Current Mailing Address:

PO BOX 844
FT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 20-4121551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, BETTY
101 HOLLYWOOD BLVD
FT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

CRAFT, WALT
9 HICKORY AVENUE
SHALIMAR, FL 32579 US

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: WALT CRAFT

04/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRANKLIN, JOHN R
Address: 221 CALIFORNIA DR
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: CRAFT, WALT
Address: 9 HICKORY AVE
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: ANDREWS, MARK
Address: 913 ALOMA FAYE LANE
City-St-Zip: FT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: FRANKLIN, JOHN R
Address: 221 CALIFORNIA DR
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D (X) Change () Addition
Name: REYNOLDS, BETTY
Address: 101 HOLLYWOOD BLVD
City-St-Zip: FT WALTON BEACH, FL 32548

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: JOHN R FRANKLIN

O

04/12/2009

Electronic Signature of Signing Officer or Director

Date