

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06029

FILED  
Mar 07, 2009  
Secretary of State

**Entity Name:** COTEE RIVER LIONS CHARITIES, INC.

**Current Principal Place of Business:**

8320 PLATHE RD  
NEW PORT RICHEY, FL 34653 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 773  
NEW PORT RICHEY, FL 346560773 US

**New Mailing Address:**

**FEI Number:** 59-2468138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUBER, KENNETH E  
13011 WESTERN CIRCLE  
BAYONST POINT, FL 34667 US

**Name and Address of New Registered Agent:**

HUBER, KENNETH E  
13011 WESTERN CIRCLE  
BAYONET POINT, FL 34667 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:

03/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GRILL, JOHN  
Address: 13753 GIMMIE CT  
City-St-Zip: HUDSON, FL 34667

Title: S ( ) Delete  
Name: HUBER, KENNETH E  
Address: 13011 WESTERN CIRCLE  
City-St-Zip: BAYONET POINT, FL 34667

Title: D ( ) Delete  
Name: CRANE, GILFORD  
Address: 7423 FAIRWOOD AVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Delete  
Name: MCNEILL, CHERYL L  
Address: 5604 ANTELOPE LANE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Delete  
Name: COGGIANO, JOE  
Address: 5708 LAGOON DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

**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:

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: KENNETH E. HUBER

SEC.

03/07/2009

Electronic Signature of Signing Officer or Director

Date