

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

37.

FILED
Apr 16, 2008 8:00 am
Secretary of State

03-27-2008 90039 030 ****61.25

DOCUMENT # N07000000316 1. Entity Name THE DAVENPORT LIONS FOUNDATION, INC.					
Principal Place of Business C/O JEANNINE THIBAUT 101 HOLLY HILL RD DAVENPORT FL 33837			Mailing Address C/O JEANNINE THIBAUT 101 HOLLY HILL RD DAVENPORT FL 33837		
2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5963223	
Zip		Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAFZIGER, CHARLES W. MAPLE STREET DAVENPORT FL 33837				7. Name and Address of New Registered Agent Name Jeannine Thibault Street Address (P.O. Box Number is Not Acceptable) 102 Holly Hill Rd DAVENPORT, FL 33837 City DA State FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and the filer appears. (NOTE: Registered Agent Signature required when restoring.)					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D THIBAUT, JEANNINE 102 HOLLY HILL RD DAVENPORT FL 33837		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D NAFZIGER, CHARLES W MAPLE ST DAVENPORT FL 33837		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change ☐ Addition ☒	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MILLER, DEBORAH 309 EAST BLVD SO DAVENPORT FL 33837		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jeannine Thibault (Jeannine Thibault)</u> 3/15/08 (863) 421-2258 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Phone #					