

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000489

FILED  
Jun 15, 2009  
Secretary of State

**Entity Name:** THE NORTH FORT MYERS NOON LIONS FOUNDATION, INC.

**Current Principal Place of Business:**

% PAUL NASH  
19124 GRENELEFE CT.  
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

% PAUL NASH  
19124 GRENELEFE CT.  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

**FEI Number:** 20-8070734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

NASH, PAUL R  
19124 GRENELEFE CT.  
NORTH FT MYERS, FL 33903 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: ARPAD, SHELDON  
Address: 752 OVERIVER DR.  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP ( ) Delete  
Name: ANDREWS, NORMA J  
Address: 3460 N KEY DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: S ( ) Delete  
Name: LEHMANN, FRAN  
Address: 19161 INNIS BROOK CT  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: T (X) Delete  
Name: MANCHESTER, RONALD  
Address: 19433 BERMUDA CT  
City-St-Zip: NORTH FORT MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: STRONG, PATTY JEAN  
Address: 19318 CONGRESSIONAL  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: S (X) Change ( ) Addition  
Name: LEHMANN, FRANCES  
Address: 19161 INNIS BROOK COURT  
City-St-Zip: N. FT. MYERS, FL 33903

Title: T (X) Change ( ) Addition  
Name: NASH, PAUL R  
Address: 19124 GRENELEFE COURT  
City-St-Zip: NORTH FORT MYERS, FL 33903

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: PAUL R. NASH

T

06/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date