

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08636

Entity Name: FT. MYERS LIONS, INC.

FILED
Sep 05, 2008
Secretary of State

Current Principal Place of Business:

1927 VICTORIA AVE.
FT MYERS, FL 33902

New Principal Place of Business:

Current Mailing Address:

P O BOX 37
FT MYERS, FL 33902

New Mailing Address:

FEI Number: 59-2535301 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:

BLIETZ, TARA S
1493 TREDEGAR DRIVE
FORT MYERS, FL 33919 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: PD () Delete
Name: KOLANCHECK, ROBERT
Address: 526 PANGOLA DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ST () Delete
Name: BLIETZ, TARA
Address: 1493 TREDEGAR DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: VD () Delete
Name: CURTIS, FRED
Address: 933 DEAN WAY
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: HUTTON, HENRY
Address: 3650 EDGEWOOD AVENUE
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: BARBEE, JOSEPH
Address: 1936 GRACE AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARLICK, MORRIS
Address: 1260 PONDELLA CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

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

Title: VD (X) Change () Addition
Name: KOLANCHECK, BOB
Address: 526 PANGOLA DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VD (X) Change () Addition
Name: PANETTIERI, VINCE
Address: 1214 PONDELLA CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VD (X) Change () Addition
Name: BARBEE, JOSEPH
Address: 1936 GRACE AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: D () Change (X) Addition
Name: CHIARELLI, SALVATORE
Address: 907 LUCERNE PARKWAY
City-St-Zip: CAPE CORAL, FL 33904

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: TARA S BLIETZ

ST

09/05/2008

Electronic Signature of Signing Officer or Director

Date