2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N08636

Entity Name: FT. MYERS LIONS, INC.

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:	GARLICK, MORRIS	
Address:	1260 PONDELLA CIRCLE	
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:	KOLANCHECK, BOB	
Address:	526 PANGOLA DRIVE	
City-St-Zip:	NORTH FORT MYERS, FL 33903	
Title:	VD	( ) Delete
Name:	PANETTIERI, VINCE	
Address:	1214 PONDELLA CIRCLE	
City-St-Zip:	NORTH FORT MYERS, FL 33903	
Title:	VD	( ) Delete
Name:	BARBEE, JOSEPH	
Address:	1936 GRACE AVENUE	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	D	( ) Delete
Name:	CHIARELLI, SALVATORE	
Address:	907 LUCERNE PARKWAY	
City-St-Zip:	CAPE CORAL, FL 33904	

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:	
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: TARA S BLIETZ ST 05/01/2009

Electronic Signature of Signing Officer or Director — Date