

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08636

FILED  
Sep 27, 2012  
Secretary of State

**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 ( )**

**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  
Name: VOLPONE, KRIS  
Address: 5243-2 CEDARBEND DRIVE  
City-St-Zip: FORT MYERS, FL 33919

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

Title: VD  
Name: VOLPONE, SAM  
Address: 5243-2 CEDARBEND DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: D  
Name: PANETTIERI, VINCE  
Address: 1214 PONDELLA CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D  
Name: CHIARELLI, SALVATORE  
Address: 907 LUCERNE PARKWAY  
City-St-Zip: CAPE CORAL, FL 33904

Title: VD  
Name: BOND, MICHAEL  
Address: 1845 MONTE VISTA STREET  
City-St-Zip: FORT MYERS, FL 33901

I hereby 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 all other like empowered.

SIGNATURE: TARA S BLIETZ

ST

09/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date