

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90035 015 \*\*\*\*61.25

**DOCUMENT # N25241**

1. Entity Name  
LIONS OF FLORIDA, MULTIPLE DISTRICT 35, 1NC.



Principal Place of Business  
7200 LAKE ELLENOR DR.  
SUITE 100  
ORLANDO, FL 32809 US

Mailing Address  
7200 LAKE ELLENOR DR.  
SUITE 100  
ORLANDO, FL 32809 US

**DO NOT WRITE IN THIS SPACE**



02212008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-1148519

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PAGE, WILLIAM E  
3743 LONGCHAMP CIRCUT  
TALLAHASSEE, FL 32309

7200 Lake Ellenor Dr  
Suite 100  
Orlando, FL 32809

**DO NOT WRITE  
IN THIS SPACE**

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 GARY NIESKES GARY NIESKES - Office Manager 3/24/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FOWLER, F.E.
STREET ADDRESS	208 METS STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	D
NAME	PAINTER, DELORES
STREET ADDRESS	P.O. BOX 42577
CITY-ST-ZIP	LAKELAND, FL 33804
TITLE	D
NAME	DURLING, ELLEH
STREET ADDRESS	P.O. BOX 160
CITY-ST-ZIP	HOMOSASSA SPRINGS, FL 34447
TITLE	D
NAME	PICK, EDWARD C
STREET ADDRESS	1356 FARGO DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	PINTO, DIANA M
STREET ADDRESS	7396 PEBBLE BEACH ROAD
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DVC
NAME	PAGE, WILLIAM E
STREET ADDRESS	3743 LONGCHAMP CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32309

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: GARY NIESKES GARY NIESKES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08  
Date

407-859-7174  
Daytime Phone #