

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 15, 2006
Secretary of State**

DOCUMENT# N26479

Entity Name: SARASOTA HI-NOON LIONS FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 51207
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 51207
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 65-0066207 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:

GUTH, NANCY L
4565 NORTHLAKE DR
SARASOTA, FL 34232 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: P () Delete
Name: RILLA, DONALD
Address: 1053 TREYMORE COURT
City-St-Zip: SARASOTA, FL 34243

Title: SD () Delete
Name: VANLANDINGHAM, COURTNEY
Address: 8448 GARDENS CIRCLE #7
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: GUTH, LARRY
Address: 4565 NORTHLAKE DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: TD () Delete
Name: GUTH, NANCY
Address: 4565 NORTHLAKE DR
City-St-Zip: SARASOTA, FL 34232

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD RILLA

P

05/15/2006

Electronic Signature of Signing Officer or Director

Date