# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# N33413

**Entity Name:** SAFETY HARBOR LIONS FOUNDATION, INC.

**Current Principal Place of Business:**

P.O. BOX 844
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 844
SAFETY HARBOR, FL 34695

**New Mailing Address:**

**FEI Number: 59-2963637** **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:**

BURNETTE, CYNTHIA
2825 ANDERSON DR S
CLEARWATER, FL 33761 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: | BRENNER, JOCHEN | |
| Address: | 2139 CAMDEN WAY | |
| City-St-Zip: | CLEARWATER, FL 33759 | |
| Title: | VP | ( ) Delete |
| Name: | BORLAND, ROBIN | |
| Address: | 2433 APPALOSSA TRAIN | |
| City-St-Zip: | PALM HARBOR, FL 34685 US | |
| Title: | S | ( ) Delete |
| Name: | BURNETTE, CYNTHIA | |
| Address: | 2825 ANDERSON DR S | |
| City-St-Zip: | CLEARWATER, FL 33761 | |
| Title: | T | ( ) Delete |
| Name: | BREZNAI, JOHN | |
| Address: | 1901 BAYSHORE COURT | |
| City-St-Zip: | SAFETY HARBOR, FL 34695 US | |
| Title: | D | (X) Delete |
| Name: | BURNETTE, RICHARD | |
| Address: | 2825 ANDERSON DR S | |
| City-St-Zip: | CLEARWATER, FL 33761 US | |
| Title: | D | (X) Delete |
| Name: | PEDIGO, RUTH | |
| Address: | 124 BAYSHORE BLVD. | |
| City-St-Zip: | CLEARWATER, FL 33759 | |

**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 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: CYNTHIA BURNETTE S 05/15/2006

Electronic Signature of Signing Officer or Director — Date