

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33513

FILED
Jul 09, 2007
Secretary of State

Entity Name: TAMPA DOWNTOWN LIONS FOUNDATION, INC.

Current Principal Place of Business:

1113 BELLADONNA DRIVE
BRANDON, FL 335102965 US

New Principal Place of Business:

Current Mailing Address:

1113 BELLADONNA DRIVE
BRANDON, FL 335102965 US

New Mailing Address:

FEI Number: 59-0529094 **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:

Name and Address of New Registered Agent:

WARD, DEBORAH J
1113 BELLADONNA DRIVE
BRANDON, FL 335102965 US

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: SKIVER, LAUREN
Address: 4035 E. 21ST AVE
City-St-Zip: TAMPA, FL 33605

Title: T () Delete
Name: WARD, DEBORAH J
Address: 1113 BELLADONNA DRIVE
City-St-Zip: BRANDON, FL 335102965

Title: S () Delete
Name: STEFAN, JAMES
Address: 2601 SOUTH DUNDEE ST.
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: ELLINGTON, PAT
Address: 2912 BEAGLE PLACE
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: DESILET, ALVIN L
Address: 5009 SPRING LAKE DRIVE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: BELSOM, CLETUS A
Address: 3415 LANCEWOOD ROAD
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLLIER, TROY
Address: 6101 E. 112TH STREET
City-St-Zip: TEMPLE TERRACE, FL 33620

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: D (X) Change () Addition
Name: OLSTROM, CLIFF
Address: 3515 NAKOTA DRIVE
City-St-Zip: TAMPA, FL 33618

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: DEBORAH J. WARD

T

07/09/2007

Electronic Signature of Signing Officer or Director

Date