

**ANNUAL REPORT (AR)****DOCUMENT # N41087**

1. Entity Name

**RITTERBAND MOUNT DORA LIONS FOUNDATION, INC.****FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90156 032 \*\*\*\*61.25

Principal Place of Business

P.O. BOX 131  
MOUNT DORA FL 32757

Mailing Address

P.O. BOX 131  
MOUNT DORA FL 32757

00005293



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3066032

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****MCCOWAN, JOHN**  
**908 N CLAYTON STR**  
**MOUNT DORA FL 32157****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when maintaining)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Florida Department of State****10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOARDMAN, GRAIG	
STREET ADDRESS	811 N. GRANDVIEW STR	
CITY - ST - ZIP	MOUNT DORA FL 32757	

TITLE	STD	<input type="checkbox"/> Delete
NAME	MCCOWAN, JOHN	
STREET ADDRESS	908 N CLAYTON STE	
CITY - ST - ZIP	MOUNT DORA FL 32757	

TITLE	VD	<input type="checkbox"/> Delete
NAME	PEZZO, MARY	
STREET ADDRESS	7177 SCOTT AVE, P.O. BOX 397	
CITY - ST - ZIP	TANGERINE FL 32777	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARDMAN, CRAIG	
STREET ADDRESS	811 N. GRANDVIEW STR.	
CITY - ST - ZIP	MOUNT DORA, FL 32757	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEZZO, MARY	
STREET ADDRESS	7177 Scott Ave. P.O. Box 397	
CITY - ST - ZIP	TANGERINE, FL 32777	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John McCowan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/06 357-383-7688

Date:

Signature: [Signature]