

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000004842

1. Entity Name
**THE SCOTT AND CAROL LYONS CHARITABLE
FOUNDATION, INCORPORATED**



Principal Place of Business
**7000 N.W. 74TH AVENUE
MIAMI, FL 33166**

Mailing Address
**7000 N.W. 74TH AVENUE
MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



02152008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0451146

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LYONS, SCOTT A.
7000 NW 74TH AVE
MIAMI, FL 33166**

**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

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**PTD
LYONS, SCOTT A
C/O 7000 NW 74TH AVE.
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VSD
LYONS, CAROL
C/O 7000 N.W. 74TH AVENUE
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PTD
LYONS, SCOTT A
C/O 7000 NW 74TH AVE
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000838583
03/05/08-80037-011 61.25

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT A. LYONS

2/18/08

305-888-9646

Date

Daytime Phone #