
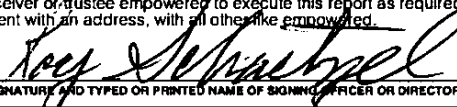


#61.25

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORTFILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90205 015 ****61.25

DOCUMENT # N94000004596			
1. Entity Name NAPLES LIONS CLUB FOUNDATION, INC.			
Principal Place of Business 94 2ND STREET SOUTH NAPLES, FL 33940-5909 US		Mailing Address 94 2ND STREET SOUTH NAPLES, FL 33940-5909 US	
2. Principal Place of Business 400 Oak Avenue Suite, Apt. #, etc.		3. Mailing Address 400 Oak Avenue Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34108	Country USA	Zip 34108	Country USA
4. FEI Number 65-0564366		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHAETZEL, ROY 400 OAK AVENUE NAPLES, FL 33963		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 _____ (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAETZEL, ROY 400 OAK AVENUE NAPLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARKUNAS, ED 1424 MONARCH CIRCLE NAPLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEDY, ELLIE 7648 OLEANDER GATE DRIVE NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3142 Andorra Court
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNEDY, DONALD H 20621 COUNTRY CREEK DR. ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD Jack Arvola 20621 Country Creek Dr. Estero, FL XXXXX 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCARTHEY, EDWARD 832 VILLA FLORENZA DR. NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD Andres Himiob 1020 Palm View Drive Naples, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		4/4/05 229-597-5877	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	