## 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N95000000309

FILED Dec 08, 2014 Secretary of State

Entity Name: BONITA SPRINGS LIONS CHARITIES, INC.

Current Principal Place of Business:

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BONITA SPRINGS LIONS CHARITIES, INC. 10322 PENNSYLVANIA AVENUE BONITA SPRINGS, FL 34135 US 10322 PENNSYLVANIA AVENUE BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:** 

**Current Mailing Address:** 

New Mailing Address:

BONITA SPRINGS LIONS CHARITIES, INC. 10322 PENNSYLVANIA AVENUE BONITA SPRINGS, FL 34135 US 10322 PENNSYLVANIA AVENUE BONITA SPRINGS, FL 34135 US

FEI Number: 65-0577075

FEI Number Applied For ( ) FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORRIS, WILLIAM J TREASUR 15495 CEDARWOOD LANE APARTMENT 107 NAPLES, FL 34110 US HILLIARD, ROBERT I 28700 TRAILS EDGE BLVD #303

#303

BONITA SPRINGS, FL 34134 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: ROBERT HILLIARD

12/08/2014

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Γitle: F

Name: LAU, CATHERINE

Address: 27036 ADRIANA CIR, #101 City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: VF

Name: MARLOW, RON Address: 10470 WILD TURKEY

City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: S

Name: FELDMAN, HILDY

Address: 9600 ROSEWOOD POINTE TERRACE City-St-Zip: BONITA SPRINGS, FL 34135 US

Title:

Name: HILLIARD, ROBERT I

Address: 28700 TRAILS EDGE BLVD, #303 City-St-Zip: BONITA SPRINGS, FL 34134 US

Title:

 Name:
 DAVEY, ERNEST

 Address:
 8432 LAUREL LAKE BLVD

 City-St-Zip:
 NAPLES, FL 34109 US

Title: D

Name: BARNES-BUCHANAN, BARBARA Address: 10030 MADDOX LANE, #204 City-St-Zip: BONITA SPRINGS, FL 34135 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT HILLIARD T

12/08/2014 Date