

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000485

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE MELBOURNE LIONS FOUNDATION, INC.

Current Principal Place of Business:

1107 E PROSPECT AVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1107 E PROSPECT AVE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3295159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBLE, JOHN T
1107 E PROSPECT AVE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: DS () Delete
Name: STRUZINSKI, JOANN
Address: 724 FAIRHAVEN STREET NE
City-St-Zip: PALM BAY, FL 32907

Title: DVP () Delete
Name: MUSGRAVE, JOHN
Address: 3117 FAURVIEW DR.
City-St-Zip: MELBOURNE, FL 32935

Title: DT () Delete
Name: STRUZINSKI, JIM
Address: 724 FAIRHAVEN STREET NE
City-St-Zip: PALM BAY, FL 32907

Title: PD () Delete
Name: VONBANK, WALT
Address: 1201 BURTONWOOD RD
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: MALLOZZI, JULIE
Address: 2772 PALM DRI., N.E.
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: HENSHAW, ROGER
Address: 1180 HIGHWAY 1
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN T NOBLE

RA

04/29/2008

Electronic Signature of Signing Officer or Director

Date