

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000485

FILED  
Apr 30, 2009  
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 MUSGRAVE

DVP

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date