2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001153

FILED Apr 29, 2008 Secretary of State

Entity Name: THE FORT MYERS BEACH LIONS FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 5019 1349 SAN SOUCI

FORT MYERS BEACH, FL 33932 FORT MYERS, FL 33919

Current Mailing Address: New Mailing Address:

P.O. BOX 5019

FORT MYERS BEACH, FL 33932

FEI Number: 65-0565642 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:

CLIFTON, THEODORE A 1349 SAN SOUCI DRIVE FORT MYERS, FL 33919 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES (X) Change () Addition () Delete CLIFTON, DIANE CLIFTON, THEODORE Name: Name: 1349 SAN SOUCI DRIVE Address: 1349 SAN SOUCI DRIVE Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919

(X) Change () Addition Title: TRES () Delete Title: **TRES**

VAN DUZER, CAROLYN Name: CLIFTON, DIANE Name: Address: 5615 LEWIS ST Address: 5615 LEWIS ST

City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: FORT MYERS BEACH, FL 33931

Title: SEC () Delete Title: SEC (X) Change () Addition JORGENSON, CINDY Name: HUFFMAN, AMY Name:

Address: Address:

3746 METRO PARKWAY #92 445 COVE TOWER DRIVE #1202 City-St-Zip: NAPLES, FL 34110 City-St-Zip: FORT MYERS, FL 33916

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: CAROLYN VAN DUZER **TREA** 04/29/2008