2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001843

FILED May 10, 2004 Secretary of State

Entity Name: THE LONGWOOD-LAKE MARY LIONS CLUB FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1421 PARK DR CASSELBERRY, FL 32707 **Current Mailing Address: New Mailing Address:** 1421 PARK DR CASSELBERRY, FL 32707 FEI Number: 59-3312635 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: WORKMAN, GYLE 1421 PARK DRIVE CASSELBERRY, FL 32707 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: (X) Change () Addition () Delete WATTS, CHRIS SENUS, ROBERT Name: Name: 1424 LAKESHORE DRIVE Address: 709 MILAN COURT Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 Title: () Delete Title: (X) Change () Addition TAYLOR, DEBBIE Name: MCKENNA, BARBARA Name: Address: 1442 LAKESHORE DRIVE Address: 16 WINDING RIDGE ROAD City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: CASSELBERRY, FL 32707 Title: () Delete Title: (X) Change () Addition SENUS, ROBERT LANTZ, SUE Name: Name: 709 MILAN CT 3958 CRAYRICH CIRCLE Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ORLANDO, FL 32839 Title: () Delete Title: (X) Change () Addition RUSHFORTH, CHARLES Name: MCDONALD, LYLE Name: Address: 971 SILVERTON LOOP Address: 99 HACIENDA VILLAGE City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: WINTER SPRINGS, FL 32708 Title: Title: () Delete () Change () Addition WORKMAN, LOIS Name: Name: 1421 PARK DRIVE Address: Address: CASSELBERRY, FL 32707 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition WORKMAN, GYLE WORKMAN, GYLE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

1421 PARK DRIVE

CASSELBERRY, FL 32707

SIGNATURE: GYLE E WORKMAN T 05/10/2004

Address:

City-St-Zip:

657 E WARREN AVE

LONGWOOD, FL 32750