

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90036 029 \*\*\*\*61.25

**DOCUMENT # N95000002322**

1. Entity Name

**THE GREATER PINE ISLAND LIONS FOUNDATION,  
INC.**



Principal Place of Business

**2319 BANANA ST  
SAINT JAMES CITY FL 33956**

Mailing Address

**PO BOX 734  
SAINT JAMES CITY FL 33956**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

**65-0584799**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSBORNE, LESLIE  
2319 BANANA ST  
SAINT JAMES CITY FL 33956**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **BARRETT, VI**  
STREET ADDRESS **4974 PORKY LANE**  
CITY- ST- ZIP **SAINT JAMES CITY FL 33956**

TITLE **DS** ☐ Delete  
NAME **OSBORN, LESLIE**  
STREET ADDRESS **2319 BANANA ST**  
CITY- ST- ZIP **SAINT JAMES CITY FL 33956**

TITLE **DT** ☒ Delete  
NAME **WILLIAM W. KNEPP**  
STREET ADDRESS **16089 AURA LANE**  
CITY- ST- ZIP **BOKEELIA FL**

TITLE **DVP** ☐ Delete  
NAME **WOODHEAD, RUBY**  
STREET ADDRESS **2277 SAPODILLA LANE**  
CITY- ST- ZIP **SAINT JAMES CITY FL 33956**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPT** ☒ Change ☐ Addition  
NAME **VIOLA BARRETT**  
STREET ADDRESS **4974 PORKY LANE**  
CITY- ST- ZIP **ST JAMES CITY FL 33956**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **DIRECTOR** ☒ Change ☒ Addition  
NAME **DONNA MARTIN**  
STREET ADDRESS **P.O. BOX 465**  
CITY- ST- ZIP **ST JAMES CITY FL 33956**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** VIOLA BARRETT *Viola Barrett Jan 29, 2008 239-283-*