
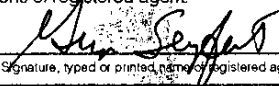
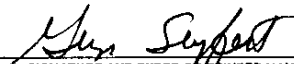


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90042 027 ****61.25

DOCUMENT # N95000003544 1. Entity Name THE PALM BAY-HAPPY LIONS FOUNDATION, INC.					
Principal Place of Business POST OFFICE BOX 0256 PALM BAY FL 32906-0256				Mailing Address POST OFFICE BOX 0256 PALM BAY FL 32906-0256	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3327911 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SEYFERT, GEORGE 1425 SCEPTER COURT NE PALM BAY FL 32905				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 		GEORGE SEYFERT <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 1/31/05	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSLINGER, JOHN		NAME		
STREET ADDRESS	349 RILEY AVE NE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THORNE, ST. CLAIR		NAME		
STREET ADDRESS	401 JUPITER BLVD NW		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST, BUELAH J		NAME		
STREET ADDRESS	2122 ADVANA		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUO, DAPHNE		NAME	HOO, DAPHNE	
STREET ADDRESS	1675 SRCOT CIRCLE. SNE		STREET ADDRESS	1625 ARCOT CIRCLE NE	
CITY-ST-ZIP	PALM BAY FL 32905		CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEYFERT, GEORGE R		NAME		
STREET ADDRESS	1425 SCEPTER CT NE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32905		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFITH, CAROL M		NAME	LEO MORSE	
STREET ADDRESS	1927 JUPITER BOULEVARD SW.		STREET ADDRESS	2957 INDIAN RIVER DR NE	
CITY-ST-ZIP	PALM BAY FL 32908		CITY-ST-ZIP	PALM BAY, FL 32905	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		George Seyfert		DATE 1/31/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 321-728-0930	