

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90049 002 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3327911

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

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*

*George Seyfert*

*President*

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	D	<input type="checkbox"/> Delete
NAME	BUSLINGER, JOHN	
STREET ADDRESS	349 RILEY AVE NE	
CITY- ST- ZIP	PALM BAY FL 32907	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLÉMENT, NATAHNIEL	
STREET ADDRESS	132 OAK LAKE RD	
CITY- ST- ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, BUELAH J	
STREET ADDRESS	2122 ADVANA	
CITY- ST- ZIP	PALM BAY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SEYFERT, GEORGE	
STREET ADDRESS	1425 CENTER CT. NE	
CITY- ST- ZIP	PALM BAY FL 32905	
TITLE	1V	<input checked="" type="checkbox"/> Delete
NAME	CHUNG, A-FUNG	
STREET ADDRESS	384 HUMBERT STREET NE	
CITY- ST- ZIP	PALM BAY FL 32907	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAVEIST, DAISEY	
STREET ADDRESS	491 CANDLESTICK AVE. NE	
CITY- ST- ZIP	PALM BAY FL 32907	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	1V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daphna Hoo	
STREET ADDRESS	1625 Arcot Circle NE	
CITY- ST- ZIP	PALM BAY, FL 32905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*George Seyfert*

*George Seyfert*

2-2-2007

321-723-0930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #