## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000003544

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Jan 16, 2009 Secretary of State

Entity Name: THE PALM BAY HAPPY LIONS FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** POST OFFICE BOX 0256 1425 SCEPTER CT NE PALM BAY, FL 329060256 PALM BAY, FL 32905 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 0256 PALM BAY, FL 329060256 FEI Number: 59-3327911 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: SEYFERT, GEORGE 1425 SCEPTER COURT NE PALM BAY, FL 32905 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 KAME, JOANNE SEYFERT, GEORGE A Name: Name: 711 DELMMICO ST SE Address: 1425 SCEPTER CT NE Address: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32907 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete BASLINGER, JOHN Name: BUSLINGER, JOHN Name: Address: 349 RILEY AVE NE Address: 349 RILEY AVE NE City-St-Zip: PALM BAY, FL 32907 City-St-Zip: PALM BAY, FL 32907 Title: () Delete Title: (X) Change ( ) Addition WEST, BUELAH J WEST, BEULAH J Name: Name: 2122 ADRANA ST NE Address: Address: 2122 ADRANA ST NE City-St-Zip: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32905 Title: 1V () Delete Title: 1V (X) Change ( ) Addition SEYFERT, GEORGE Name: Name: LAVEIST, WILLIAM 1425 CENTER CT. NE 491 CANDLESTICK AVE NE Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32907

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: GEORGE SEYFERT P 01/16/2009

() Delete

() Delete

491 CANDLESTICK AVE. NE

DAPHNE, HOO

1625 ARCUT CIRCLE NE

PALM BAY, FL 32905

PALM BAY, FL 32907

LAVEIST, DAISEY

(X) Change ( ) Addition

() Change () Addition

DAPHNE, HOO

1625 ARCOT CIRCLE NE

PALM BAY, FL 32905