

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90083 021 ****70.00

DOCUMENT # N96000004603

1. Entity Name

THE ARLINGTON LIONS FOUNDATION, INC.



Principal Place of Business

6523 COMMERCE ST
JACKSONVILLE FL 32211-5411

Mailing Address

6523 COMMERCE ST
JACKSONVILLE FL 32211-5411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number
59-3392548

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

BEACH, ALVIN M
6523 COMMERCE STREET
JACKSONVILLE FL 32211

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, 2004

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 ☐ Delete
NAME COY, DARWIN
STREET ADDRESS 6523 COMMERCE ST.
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete
NAME COFER, BOB
STREET ADDRESS 6523 COMMERCE STREET
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete
NAME SEIDEL, HAROLD J
STREET ADDRESS 6523 COMMERCE STREET
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ 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

TITLE ☐ Change ☒ Addition
NAME T/D ALVIN M. BEACH
STREET ADDRESS 6523 COMMERCE STREET
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Change ☒ Addition
NAME 1stVP/D
STREET ADDRESS ROLAND D. STEELER
CITY-ST-ZIP 6523 COMMERCE STREET

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 32211

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: *Alvin M. Beach* ALVIN M. BEACH JANUARY 28, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #