

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90003 045 ****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**



01112005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**BEACH, ALVIN M
6523 COMMERCE STREET
JACKSONVILLE, FL-32211**

**DO NOT WRITE
IN THIS SPACE**

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

Alvin M Beach

(NOTE: Registered Agent signature required when reinstating)

01/11/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
COY, DARWIN
6523 COMMERCE ST.
JACKSONVILLE, FL 32211**

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
BEACH, ALVIN M
6523 COMMERCE STREET
JACKSONVILLE, FL 32211**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1VPD
STEELER, ROLAND D
6523 COMMERCE STREET
JACKSONVILLE, FL 32211**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVIN M. BEACH

Date

01/11/05

Daytime Phone #

904 744-9844