

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

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90056 039 ****61.25

DOCUMENT # N96000004603

1. Entity Name

THE ARLINGTON LIONS FOUNDATION, INC.



Principal Place of Business

Mailing Address

6523 COMMERCE ST
JACKSONVILLE FL 32211-5411

6523 COMMERCE ST
JACKSONVILLE FL 32211-5411



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3392548

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

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 SCHUSTER GARY
Street Address (P.O. Box Number is Not Applicable)
6523 COMMERCE ST
JACKSONVILLE
City FL Zip Code 32211

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

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

TITLE ☒ Delete
NAME BEACH, ALVIN M
STREET ADDRESS 6523 COMMERCE STREET
CITY-STATE-ZIP JACKSONVILLE FL 32211

TITLE ☒ Delete
NAME STEELER, ROLAND D
STREET ADDRESS 6523 COMMERCE STREET
CITY-STATE-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete
NAME MCGIUNEY, THOMAS
STREET ADDRESS 6523 COMMERCE ST.
CITY-STATE-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete
NAME BENNETT, RICHARD
STREET ADDRESS 6523 COMMERCE ST.
CITY-STATE-ZIP JACKSONVILLE FL 32211

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME TO SCHUSTER, GARY
STREET ADDRESS 6523 COMMERCE ST.
CITY-STATE-ZIP JACKSONVILLE FL 32211

TITLE ☒ Change ☐ Addition
NAME 1VPD RICHARDS, DICK
STREET ADDRESS 6523 COMMERCE ST.
CITY-STATE-ZIP JACKSONVILLE FL 32211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-07 904-744-9844
Date Daytime Phone #