

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004603

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE ARLINGTON LIONS FOUNDATION, INC.

Current Principal Place of Business:

6523 COMMERCE ST
JACKSONVILLE, FL 322115411

New Principal Place of Business:

Current Mailing Address:

6523 COMMERCE ST
JACKSONVILLE, FL 322115411

New Mailing Address:

FEI Number: 59-3392548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUSTER, GARY
6523 COMMERCE STREET
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

COFER, GARRY
6523 COMMERCE STREET
JACKSONVILLE, FL 32211 US

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: GARRY COFER

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: IUPD () Delete
Name: WINSTON, JERNIGAN
Address: 6523 CINNERCE ST,
City-St-Zip: JACKSONVILLE, FL 32211

Title: 1VPD () Delete
Name: RICHARDS, DICK
Address: 6523 COMMERCE STREET
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DICK RICHARDS

1VPD

04/16/2009

Electronic Signature of Signing Officer or Director

Date