SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 19 1999 8:00am
Secretary of State

DOCUMENT # N96000005302

Corporation Name
THE KEY WEST HI-NOON LIONS FOUNDATION, INC.

Principal Place of Business
MARSHAN ROTH
3319 PEARL AVE.
KEY WEST FL 33040

Mailing Address
HI NOON LIONS
P.O. BOX 2183
KEY WEST FL 33040

07/12/99 90015 ORR 61.25

1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	10/11/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0702202 ☐ Applied For ☐ Not Applicable
	27	
City & State	City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
	28	
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
25	29 / 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROTH, MARSHAN 3319 PEARL AVE. KEY WEST FL 33040	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
AME	ROTH, MARSHAN	1.2 NAME	
TREET ADDRESS	3319 PEARL AVE.	1.3 STREET ADDRESS	
ITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	
TLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
AME	HOWLEY, DENNIS	2.2 NAME	
TREET ADDRESS	1301 10TH STREET	2.3 STREET ADDRESS	
ITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	
TLE	D ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
AME	RODRIGUEZ, ARCADIO	3.2 NAME	
TREET ADDRESS	1300 JOHNSON STREET	3.3 STREET ADDRESS	
ITY-ST-ZIP	KEY WEST FL 33040	3.4 CITY-ST-ZIP	
TLE	DS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
AME	RUSSELL, TERRESA	4.2 NAME	
TREET ADDRESS	3231 HARRIET ST.	4.3 STREET ADDRESS	
ITY-ST-ZIP	KEY WEST FL 33040	4.4 CITY-ST-ZIP	
TLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
AME	Thomas Lavender	5.2 NAME	8/18/16
TREET ADDRESS	# E411, 3920 S. Roosevelt Blvd	5.3 STREET ADDRESS	
ITY-ST-ZIP	Key West, FL 33040	5.4 CITY-ST-ZIP	
TLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
AME		6.2 NAME	
TREET ADDRESS		6.3 STREET ADDRESS	
ITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (5/99)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7-4-99 (305) 294-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/14