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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006032

1. Corporation Name

MARCO ISLAND LIONS FOUNDATION, INC.

Principal Place of Business

Mailing Address

1283 TREASURE CT.
MARCO ISLAND FL 34146

PO BOX 173
MARCO ISLAND FL 34146
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/25/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-4417682	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICE, HOWARD E
1283 TREASURE CT.
MARCO ISLAND FL 34145

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT
NAME	ROLAND, HORACE	1.2 NAME	RONALA GORDON
STREET ADDRESS	1147 VERNON PL	1.3 STREET ADDRESS	1204 TREASURE CT
CITY-ST-ZIP	MARCO ISLAND FL 34145	1.4 CITY-ST-ZIP	MARCO ISLAND FL 34145
TITLE	SD	2.1 TITLE	
NAME	RICE, HOWARD E	2.2 NAME	
STREET ADDRESS	1283 TREASURE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO IS FL 34145	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	VIGNEAU, EDWARD P	3.2 NAME	
STREET ADDRESS	839 OLD MARCO LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISL FL 34145	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	PARCELLES, ROBERT	4.2 NAME	
STREET ADDRESS	1131 VERNON PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO FL 34145	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MANKER, JACOB	5.2 NAME	
STREET ADDRESS	1575 LUDLOW RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO FL 34145	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BURNHAM, FRED	6.2 NAME	
STREET ADDRESS	219 WINDBROOK CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO FL 34145	6.4 CITY-ST-ZIP	

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 of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1-12-99

941-394-8191

Date

Daytime Phone #

CR2E037 (1/98)