

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

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000002543

1. Entity Name
THE LIONS FOUNDATION OF AUBURNDALE, INC.



Principal Place of Business
**226 BENNETT ST.
AUBURNDALE, FL 33823**

Mailing Address
**P.O. BOX 1271
AUBURNDALE, FL 33823**



02162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3448439

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GUTTERIDGE, ERNEST
4064 LAKE MARIANNA DR.
WINTER HAVEN, FL 33881**

**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

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

(NOTE: Registered Agent signature required when reinstating)

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
**VSD
COFER, JOHN W
5401 US HWY 17-92 W LOT 41
HAINES CITY, FL 33844**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GUTTERIDGE, ERNEST
4064 LAKE MARIANNA DR
WINTER HAVEN, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAMEN, CHARLES C
150 OLD NICOLS CIRCLE
AUBURNDALE, FL 33823**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BULLOCK, JANICE
123 4TH STREET JPV
WINTER HAVEN, FL 33881**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAHILL, ANN
121 HOLIDAY LANE
AUBURNDALE, FL 33823**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
COFER, JEANNETTE C
5401 US HWY 17-92 W LOT 41
HAINES CITY, FL 33844**

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04/14/05-80079-007 61.25

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/11/05 883-956-8775