

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90176 048 \*\*\*\*61.25

**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**

**40095203**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3448439**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **SONIA M. KEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**213 DEBBIE ANN CT.**  
**AUBURNDALE, FL 33823**  
City **AUBURNDALE, FL** Zip Code **33823**

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 *Sonia M. Key* **SONIA M. KEY TREASURER** **04-28-08**  
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, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D, V SEMEN, CHARLES 150 OLD NICHOLAS CIRCLE AUBURNDALE, FL 33823</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NACARTO, CARROL 3645 AVE S NW WINTER HAVEN, FL 33881</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GUTTERIDGE, ERNEST 4064 LAKE MARIANA DRIVE WINTER HAVEN, FL 33881</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP NACARATO, FRANK 3645 AVE S NW WINTER HAVEN, FL 33881</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAHILL, ANN 121 HOLIDAY LANE AUBURNDALE, FL 33823</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TURCOTTE, ROGER 689 LAKE HOWARD APT #3B WINTER HAVEN, FL 33880</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>N/A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P, D JANICE BULLOCK 123-4TH JPV ST. WINTER HAVEN, FL 33880</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S MARTY BOZUNG 910 KRISTINA CT AUBURNDALE, FL 33823</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T SONIA M. KEY 213 DEBBIE ANN CT AUBURNDALE, FL 33823</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Sonia M. Key* **SONIA M. KEY** **04-28-08** **(863) 802-2502**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #