2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002543

FILED Apr 27, 2009 Secretary of State

Entity Name: THE LIONS FOUNDATION OF AUBURNDALE, INC.

Current Principal Place of Business: New Principal Place of Business:

226 BENNETT ST. AUBURNDALE, FL 33823

Current Mailing Address: New Mailing Address:

P.O. BOX 1271 AUBURNDALE, FL 33823

FEI Number: 59-3448439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KEY, SONIA M
213 DEBBIE ANN CT
AUBURNDALE, FL 33823 US
BULLOCK, JANICE
123 - 4TH JPV STREET
WINTER HAVEN, FL 33880 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: JANICE BULLOCK 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: SEMEN, CHARLES Name: DOMBROWSKI, DIAN L

 Address:
 150 OLD NICHOLAS CIRCLE
 Address:
 332 AVENUE

 City-St-Zip:
 AUBURNDALE, FL 33823
 City-St-Zip:
 WINTER HAVEN, FL 33880

Title: PD () Delete Title: VP,D (X) Change () Addition

Name: BULLOCK, JANICE Name: BULLOCK, JANICE
Address: 123-4TH JPV ST Address: 123-4TH JPV ST

City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33880

Title: S () Delete Title: S (X) Change () Addition

Name: BOZLING, MÀRTY Name: SIROIS, SUSÀN

 Address:
 910 KRISTINA CT.
 Address:
 213 1/2 PINEHURST DRIVE

 City-St-Zip:
 AUBURNDALE, FL 33823
 City-St-Zip:
 AUBURNDALE, FL 33823

Title: T (X) Delete Title: () Change () Addition

 Name:
 KEY, SONIA M
 Name:

 Address:
 213 DEBBIE ANN CT.
 Address:

 City-St-Zip:
 AUBURNDALE, FL 33823
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 CAHILL, ANN
 Name:

 Address:
 121 HOLIDAY LANE
 Address:

 City-St-Zip:
 AUBURNDALE, FL 33823
 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: JANICE BULLOCK VP 04/27/2009