

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 JAN 19 PM 2:02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N97000006053

1. Corporation Name

THE MAITLAND LIONS FOUNDATION, INC.

Principal Place of Business

237 LOOKOUT PLACE, SUITE 100 MAITLAND FL 32751

Mailing Address

237 LOOKOUT PLACE, SUITE 100 MAITLAND FL 32751



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/27/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3478058	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		25		29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ICARDI, ALDO 237 LOOKOUT PLACE, SUITE 100 MAITLAND FL 32751				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, LES	1.2 NAME	
STREET ADDRESS	250 NOTTOWAY TR	1.3 STREET ADDRESS	400002755494-4
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	-01/26/99-01073-005
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ARLIS	2.2 NAME	
STREET ADDRESS	1140 S ORLANDO AVE I1	2.3 STREET ADDRESS	****\$61.25 ****\$61.25
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZUMPLIK, FRANK	3.2 NAME	
STREET ADDRESS	1140 WILLOWBROOK TR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, CHARLES	4.2 NAME	
STREET ADDRESS	1116 SHAFFER TR	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITAKER, JIM	5.2 NAME	
STREET ADDRESS	1109 TURNER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGIACOMO, HENRY	6.2 NAME	
STREET ADDRESS	237 LOOKOUT PLACE, SUITE 100	6.3 STREET ADDRESS	TS. 1/20/99 99AR
CITY-ST-ZIP	MAITLAND FL 32751	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: Katherine Harris SIGNATURE REQUIRED Ellis Date 1/13/99 Daytime Phone # _____

0014235 CR2E037 (1/198)