FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700006053

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

FILED

99 JAN 19 PM 2: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal Place of Business	Ža. Mailing	Address				a Incorporated or Quali	fed			
21	26					27/1997				
Sulte, Apt. #, etc.	⊱ ¬ '	Suite, Apt. #, etc.				4. FEI Number 59-3478058			Applied For	
22	27	Ct. t.	 		29	3470000			Applicable	
City & State	<u> </u>			1		tifcate of Status Desired	d 🗆	\$8.75 A Fee Red		
Zip Country	Country Zip			Country		vice Compoler Figure			·	
 ` `	25 29 30			6. Election Campaign Finan Trust Fund Contribution			ang 🗆	\$5.00 t Added to		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent							
			81	Name		 				
ICARDI, ALDO			CO Charles Addition (D.O. Branchischer in Nick Advisor (D.O.							
237 LOOKOUT PLACE, SUITE 100			82 Street Address (P.O. Box Number is Not Acceptable)							
MAITLAND FL 32751			83							
INVITERIO I E GEIGI										
			84	City			FL	85 Zip C	ode	
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				signáturé réquir			DATE			
	FFICERS AND DIRECTORS		13.		ADDI	TIONS/CHANGES TO	OFFICERS AN			
TITLE VD		☐ DELETE	1.1 TITLE					Change	Addition	
NAME ELLIS, LES		i	1.2 NAME	}		40000; -01/2	£ (52)	4 = 4 = 1072 = 0	00	
				1,3 STREET ADDRESS		**************************************	20/33=70 ₩61.25	******	ມວ 1 ລະ	
CITY-ST-ZIP MAITLAND FL 32751	_ — — — — — —		1.4 CITY-ST	-ZIP			***O1.43			
TILE VD		DELETE	2.1 TITUE					Change	Addition	
NAME JACKSON, ARLIS			2.2 NAME	+					1	
			23 STREET	ADDRESS						
CITY-ST-ZIP MAITLAND FL 32751			2. 4 CITY-S	r-zip						
TITLE D		DELETE	3.1 TITLE					☐ Change	Addition	
				3.2 NAME)	
			3.3 STREET	ADDRESS					ļ	
CITY-ST-ZIP MAITLAND FL 32751			3.4. CITY-S	-ZIP						
TITLE D		DELETE	4.1 TITLE	1				Change	Addition	
NAME BARNES, CHARLES		j	4. 2 NAME	}					1	
STREET ADDRESS 1116 SHAFFER TR			4.3 STREET	ADDRESS					j	
CITY-ST-ZIP OVIEDO FL 32765			4.4 CITY-ST	ZIP						
mre D		DELETE	5.1 TITLE	}				☐ Change	Addition]	
NAME WHITAKER, JIM			5.2 NAME	}						
STREET ADDRESS 1109 TURNER RD		ŀ	5.3 STREET							
CITY-ST-ZIP WINTER PARK FL 32	2789		5.4 CITY-ST	-ZIP						
TILE TD	1014		6.1 TITLE	ļ				Change	Addition	
NAME MAGGIACOMO, HEN		j	6.2 NAME		رسد	A = A	_		J	
STREET ADDRESS 237 LOOKOUT PLAC		1	6.3 STREET	,	15	112260	Q94	40		
cmy.sr-zp MATLAND FL 32751 6.4 Cr 14. Thereby cartify that the information supplied with this filing does not qualify for the exer					1 Earl +	1/20/019	es. I further cert	114		

I nereby centry that the information supplied with sustaining oces not quality for the exemption stated in Section 119.07 (5)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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: