

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003539

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: LIONS, TIGERS & BEARS, INC.

## Current Principal Place of Business:

9801 NE BAHIA COURT  
ARCADIA, FL 34265 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2220  
ARCADIA, FL 34265 US

## New Mailing Address:

FEI Number: 65-0846509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WITTMEIER, CAROLYN J  
9801 NE BAHIA CT.  
ARCADIA, FL 34266 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CRAFT, WILLIAM D  
Address: 18381 NE WAYNE DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: ST ( ) Delete  
Name: BURTON, CATHY  
Address: 1635 SW 32ND TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: VC ( ) Delete  
Name: CRAFT, JOAN DR  
Address: 47120 HORSESHOE RD  
City-St-Zip: PUNTA GORDA, FL 33982

Title: D ( ) Delete  
Name: YOUNGBLOOD, RONALD  
Address: P O BOX 4091  
City-St-Zip: NORTH FORT MYERS, FL 33918

Title: CW ( ) Delete  
Name: WITTMEIER, CAROLYN J  
Address: PO BOX 2220  
City-St-Zip: ARCADIA, FL 34265

Title: P ( ) Delete  
Name: WITTMEIER, DENNIS B  
Address: PO BOX 2220  
City-St-Zip: ARCADIA, FL 34265

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S/T (X) Change ( ) Addition  
Name: MCCLURE, NANCY L  
Address: 3110 COQUINA ESPLANADE  
City-St-Zip: PUNTA GORDA, FL 33982

Title: D (X) Change ( ) Addition  
Name: TUTTLE, MONICA  
Address: 3760 HIDDEN VALLEY CIRCLE  
City-St-Zip: PUNTA GORDA, FL 33982

Title: D (X) Change ( ) Addition  
Name: CHATAM, PEGGY DR  
Address: 5370 CONGO CT.  
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: NANCY L. MCCLURE

S/T

04/03/2009

Electronic Signature of Signing Officer or Director

Date