2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# N99000006545

Entity Name: THE PARKWAY LIONS FOUNDATION, INC.

Current Principal Place of Business:

390 SOUTH TYNDALL PKWY
322
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

390 SOUTH TYNDALL PKWY
322
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 59-3722495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILL, LONA L SECY
3102 N. EAST AVE
PARKER, FL 32404 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: P ( ) Delete
Name: PALMER, MARILYN
Address: 5200 HICKORY STREET
City-St-Zip: PANAMA CITY, FL 32404

Title: D ( ) Delete
Name: SMITH, JOHN
Address: 3215 NORTH EAST AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: S ( ) Delete
Name: HILL, LONA L
Address: 3102 N. EAST AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: MC LEAN, ELIZABETH
Address: 713 CINDY LEE LANE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: BOEVINK, RAY
Address: 6715 FOX LAKE DR.
City-St-Zip: CALLAWAY, FL 32404

Title: T ( ) Delete
Name: ANDERSON, EUGENE
Address: PO BOX 6207
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JOHN, MARILYN
Address: 5200 HICKORY STREET
City-St-Zip: PANAMA CITY, FL 32404

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

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

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

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: LONA L HILL SECY 02/13/2008

Electronic Signature of Signing Officer or Director — Date