

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006748

FILED  
Mar 08, 2005  
Secretary of State

**Entity Name:** THE ST. AUGUSTINE LIONS FOUNDATION, INC.

**Current Principal Place of Business:**

PO BOX 860240  
SAINT AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 860240  
SAINT AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MOORE, ART  
262 ST GEORGE ST.  
SAINT AUGUSTINE, FL 32084 US

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

MEARES, GALE  
6412 PUTNAM STREET  
SAINT AUGUSTINE, FL 32080 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: GALE D. MEARES

03/08/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: MOORE, ARTHUR  
Address: 262 ST GEORGE ST.  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: P ( ) Delete  
Name: COVATO, RONALD J  
Address: 4552 GOLF RIDGE DR.  
City-St-Zip: ELKTON, FL 32033

Title: SVP ( ) Delete  
Name: KERSHNER, ROBERT  
Address: 611 AUGUSTA CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S ( ) Delete  
Name: MCNERNEY, PAULA  
Address: 376 GRACIELA CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: PRICENOR, RONALD  
Address: 639 ALEIDA DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: P (X) Change ( ) Addition  
Name: MEARES, WILLIAM R  
Address: 6412 PUTNAM STREET  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: SVP (X) Change ( ) Addition  
Name: KOTRADY, GEORGE  
Address: 932 OAK ARBOR CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S (X) Change ( ) Addition  
Name: MEARES, GALE D  
Address: 6412 PUTNAM STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GALE MEARES

S

03/08/2005

Electronic Signature of Signing Officer or Director

Date