2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006
Secretary of State

DOCUMENT# N99000006748

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:

MEARES, GALE
6412 PUTNAM STREET
SAINT AUGUSTINE, FL 32080 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: T ( ) Delete
Name: PRICENOR, RONALD
Address: 639 ALEIDA DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: WILLIAM R MEARES P 02/17/2006

Electronic Signature of Signing Officer or Director — Date