## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCLIMENT # NIGODOOG749

## **FILED** Jan 29, 2007 8:00 am Secretary of State

01-29-2007 90099 008 \*\*\*\*61 25

1. Entity Nam	ne	TINE LIONS FOUND						01 <b>25 2</b> 00,			1.25
Principal Place of Business PO BOX 860240 SAINT AUGUSTINE, FL 32086		Mailing Address PO BOX 86024 SAINT AUGUST	6		в	000951	<del>ป</del>				
2. Principal P	Place of Busin	ness - No P.O. Box#	3. Mailing Addre	55							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01112007	Chg-NP	CR2E037 (	(12/06)		
City & Stat	e		City & State				4. FEI Number	PLICABLE		Ap	oplied For
Zip		Country	Zip C		country					.75 Add	
	6. Name	and Address of Current I	Registered Agent			<u></u>	7. Name and A	ddress of New F			<u> </u>
MEARES, 6412 PUTI	GALE NAM STR	EET	Togistic Control		Name Street A	Pa	trick O. Box Number	D. 3	John.		)
SAINT AU	GUSTINE	, FL 32080	2401			11	lacie	Lan	·e,		
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	named entit	y submits this statement for	r the purpose of cha	nging its registe	ered office o				orida. I am fam		
SIGNATURE		Patrick)	DI	Joh.	nso	N			15/	07	<b></b>
	Signature, typed	t or printed name of registered agent a	and title if applicable.	(NOTE: Regista	ered Agent signa	ture required	when reinstating)		DATE		
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-824-43[] Daytime Phone #