2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N99000006748

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

Current Principal Place of Business:

860 A1A BEACH BLVD
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

PO BOX 860240
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3608461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MERCURIO, DOMINIC G
2109 MARSH HEN CT.
SAINT AUGUSTINE, FL 32084 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, RON
Address: 4600 HWY U.S. 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: MERCURIO, DOMINIC
Address: 235 STATE ROAD 207
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: MOORE, ART
Address: 202 ST. GEORGE ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: MEARES, WILLIAM
Address: 6412 PUTNAM ST
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 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: DOMINIC MERCURIO RA 05/01/2009

Electronic Signature of Signing Officer or Director — Date