

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005376

Entity Name: THE COCOA BEACH SEASIDE LIONS FOUNDATION, INC.**Current Principal Place of Business:**3833 S BANANA RIVER BLVD.
102
COCOA BEACH, FL 32931**Current Mailing Address:**PO BOX 320344
COCOA BEACH, FL 32932-0344**FEI Number: 59-3657350****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SPENCER, NEIL R
3833 S BANANA RIVER BLVD.
102
COCOA BEACH, FL 32931 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:** NEIL R. SPENCER**04/30/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LANDERS, JEFFREY C
Address	400 CATALINA RD 206
City-State-Zip:	COCOA BEACH FL 32931-3081

Title	DIRECTOR
Name	SORENSEN, CARL
Address	252 TIMBER RUN WAY
City-State-Zip:	COCOA FL 32926-2557

Title	TREASURER
Name	SPENCER, NEIL RICHARD
Address	3833 S. BANANA RIVER BLVD. 102
City-State-Zip:	COCOA BEACH FL 32931

Title	SECRETARY
Name	TRIPP, JACQUELINE M
Address	3833 S BANANA RIVER BLVD. 102
City-State-Zip:	COCOA BEACH FL 32931

Title	VP
Name	SORENSEN, JAYNE
Address	252 TIMBER RUN WAY
City-State-Zip:	COCOA FL 32926-2557

Title	DIRECTOR
Name	HICKS, JIMMIE R
Address	8756 PALM WAY
City-State-Zip:	CAPE CANAVERAL FL 32920-0797

I hereby 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 all other like empowered.

SIGNATURE: NEIL R SPENCER**TREASURER****04/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date