

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009372

**Entity Name:** INGLIS-YANKEETOWN LIONS FOUNDATION INC.**Current Principal Place of Business:**22 59TH STREET  
YANKEETOWN, FL 34498**Current Mailing Address:**P.O. BOX 314  
INGLIS, FL 34449 US**FEI Number:** 47-5089706**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FELDHUSEN, LAWRENCE E  
11 MAGNOLIA AVE  
YANKEETOWN, FL 34498 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:** LAWRENCE E FELDHUSEN

04/06/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FULLER, KERRY  
Address        4614 PAMELA DR.  
City-State-Zip: YANKEETOWN FL 34498

Title            2ND VP  
Name            NORTON, STEVEN  
Address        4780 N WILLIAMS AVENUE  
City-State-Zip: CRYSTAL RIVER FL 34428

Title            TREASURER  
Name            FRENCH, KATHLEEN  
Address        4817 RIVERSIDE DRIVE  
City-State-Zip: YANKEETOWN FL 34498

Title            3 VP  
Name            ALLEN, JAMES  
Address        6002 RIVERSIDE DRIVE  
City-State-Zip: YANKEETOWN FL 34498

Title            1 VP  
Name            OATES, DANIEL  
Address        PO BOX 283  
City-State-Zip: YANKEETOWN FL 34498

Title            SECRETARY  
Name            CHARLOTTE, PISANO  
Address        6114 RIVERSIDE DRIVE  
City-State-Zip: YANKEETOWN FL 34498

Title            DIRECTOR  
Name            KYLER, LYNDA  
Address        22 S MAPLE  
City-State-Zip: INGLIS FL 34449

Title            DIRECTOR  
Name            ATHERLEY, KATERINA  
Address        4450 S.E. 193RD PL.  
City-State-Zip: YANKEETOWN FL 34498

*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:** KATHLEEN FRENCH**TREASURER**

04/06/2023

Electronic Signature of Signing Officer/Director Detail

Date