Compreder 05-102 In Public Accounts FORM (Rev. 1-08/28) **Code 13196**

■ Taxpayer number

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORTUMBER: 800365464

You have certain rights under Chapter 552 and 559, Government Code,

to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

(To be filed by Corporations and Limited Liability Companies (LLCS))

This report MUST be filed to satisfy franchise tax requirements

■ Report year

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Taxpayer name HUMBLE NOON LIONS CL	LUB FOUNDATION				IC	taka fila mumban an
Mailing address 20919 GREENFIELD TRL		le	1710 6 1	151 4	Comptroller f	State file number or file number
City KINGWOOD		State TX	ZIP Code 77346	Plus 4 1309	0800365464	,
Blacken circle if ther	e are currently no changes or a	dditions to the informa	ation displayed in Section	A of this report.	Then complete Section	ons B and C.
Entity's principal office						
Principal place of business						
Please sign below!	Officer, director and member i Report is completed. The info report. There is no requirement officers, directors, or members	rmation is updated and nt or procedure for sup	nually as part of the franch plementing the informati	nise tax	32	01542679708
SECTION A Name, title Name	and mailing address of each o	officer, director or me Title	mber.	Director	m	m d d y y
ANTHONY AUSTIN		TREASURER		O YES	Term expiration	
Mailing address 20919 GREENFIELD TRAILS		City HUMBLE			State TX	ZIP code 77346
Name		Title		Director	, m	m d d y y
ANTHONY AUSTIN		DIRECTOR		YES	Term expiration	
Mailing address 20919 GREENFIELD TRAILS		City KINGWOOD			State TX	ZIP code 77346
WILLIAM SIMPSON		Title PRESIDENT		Director YES	Term expiration	
Mailing address 8311 ACUPULCO COVE COURT		City HUMBLE		1	State TX	ZIP code 77346
Name		Title		Director		m d d y y
				O YES	Term expiration	
Mailing address		City			State	ZIP code
	formation required for each on the contract of	orporation or LLC, if a	any, in which this reporti	ng entity owns	an interest of	•
Name of owned (subsidiary) corporation or limited liability compan		y company	State of formation	Texas SO	S file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited liability		y company	State of formation	Texas SO	S file number, if any	Percentage of Ownership
	formation required for each on ited liability company.	orporation or LLC, if a	any, that owns an interes	st of ten percent	t (10%) or more in th	is reporting
Name of owned (parent) corporation or limited liability company		ompany	State of formation	Texas SO	S file number, if any	Percentage of Ownership
Registered agent and registered Agent: ANTHONY AUST	stered office currently on file. (S	See instructions if you ne	eed to make changes)		n circle if you need for iistered agent or regis	rms to change stered office information.
Office: 20919 GREENFIELD TRAILS			City KINGWOOD		State TX	ZIP Code 77346
·	ired by Section 171.203 of the Tax C essary. The information will be availa		I .	hat files a Texas Fra	<u>I</u>	1
	in this document and any attachme in this report who is an officer, dire		· -		-	•
sign	m and report who is an omeen, and	 Ti	tle	Date	Area co	de and phone number
here /		D	PIRECTOR	07/27/2012	2 (281) 812 - 4041
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TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(Rev. 1-08/28) FORM ■ TCode 13196	This you are MILCT had filed to antiafy franchise tay your live manta								
Taxpayer number Report year You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.									
Taxpayer name HUMBLE NOON LIONS CLUB FOUNDATION Mailing address 20919 GREENFIELD TRL City KINGWOOD	State TX	ZIP Code 77346	Plus 4 1309	Secretary of State file number or Comptroller file number					
Blacken circle if there are currently no change	•	·	•	•					
Entity's principal office	3 of additions to the inform	lation displayed in Section	A of this report.	 	ons band c.				
Principal place of business									
Please sign below! Report is completed. The report. There is no requi	e information is updated ar	d as of the date a Public Inf nnually as part of the franch pplementing the information the year.	ise tax	32	01542679708				
SECTION A Name, title and mailing address of e	each officer, director or mo Title	ember.	Director	**					
WILLIAM SIMPSON	DIRECTOR		YES	Term	m a a y y				
Mailing address 8311 ACUPULCO COVE COURT	City HUMBLE			expiration State TX					
Name	Title		Director	<i>m</i> Term	m d d y y				
ROSE BAUMANN	SECRETARY		YES YES	expiration					
Mailing address 19506 SWEETGUM FOREST DRIVE	City HUMBLE			State TX	ZIP code 77346				
Name ROSE BAUMANN	Title DIRECTOR		Director YES	m Term	m d d y y				
Mailing address	City			expiration State					
19506 SWEETGUM FOREST DRIVE Name	HUMBLE Title		Director	TX	77346				
Turne	nac		YES	Term					
Mailing address	City			expiration State	I I I I I ZIP code				
SECTION B Enter the information required for e ten percent (10%) or more.	each corporation or LLC, if	any, in which this reporti	ng entity owns a	an interest of	l				
Name of owned (subsidiary) corporation or limited I	iability company	State of formation	Texas SOS	5 file number, if any	Percentage of Ownership				
Name of owned (subsidiary) corporation or limited I	iability company	State of formation	Texas SOS	s SOS file number, if any Percentage of Ownership					
SECTION C Enter the information required for entity or limited liability company.	each corporation or LLC, if	any, that owns an interes	i t of ten percent	(10%) or more in th	is reporting				
Name of owned (parent) corporation or limited liabi	lity company	y State of formation		Texas SOS file number, if any Percentage of Ownership					
Registered agent and registered office currently on Agent: ANTHONY AUSTIN	file. (See instructions if you r	ructions if you need to make changes)		Blacken circle if you need forms to change the registered agent or registered office in					
Office: 20919 GREENFIELD TRAILS		City KINGWOOD		State TX	ZIP Code 77346				
The above information is required by Section 171.203 of the for Sections A, B, and C, if necessary. The information will be	-		nat files a Texas Frai	nchise Tax Report. Use a	dditional sheets				
I declare that the information in this document and any attended to each person named in this report who is an office									
sign here		Title DIRECTOR	Date 07/27/2012		ode and phone number) 812 - 4041				





