



05-102
(Rev. 1-08/28)
Code 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations and Limited Liability Companies (LLCS))
This report **MUST** be filed to satisfy franchise tax requirements

File Number: 800365464

Taxpayer number Report year
 3 | 2 | 0 | 1 | 5 | 4 | 2 | 6 | 7 | 9 | 7 | | | | |

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

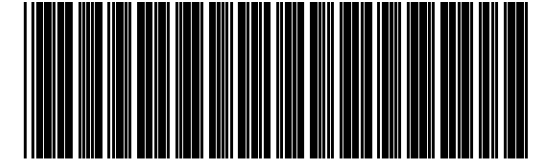
Plus 4
1309

Secretary of State file number or
Comptroller file number
0800365464

Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office

Principal place of business



3201542679708

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

SECTION A Name, title and mailing address of each officer, director or member.

Name ANTHONY AUSTIN	Title TREASURER	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 20919 GREENFIELD TRAILS	City HUMBLE	State TX	ZIP code 77346
Name ANTHONY AUSTIN	Title DIRECTOR	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 20919 GREENFIELD TRAILS	City KINGWOOD	State TX	ZIP code 77346
Name WILLIAM SIMPSON	Title PRESIDENT	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 8311 ACUPULCO COVE COURT	City HUMBLE	State TX	ZIP code 77346
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP code

SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
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Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: **ANTHONY AUSTIN**

Office: **20919 GREENFIELD TRAILS**

City
KINGWOOD

State
TX

ZIP Code
77346

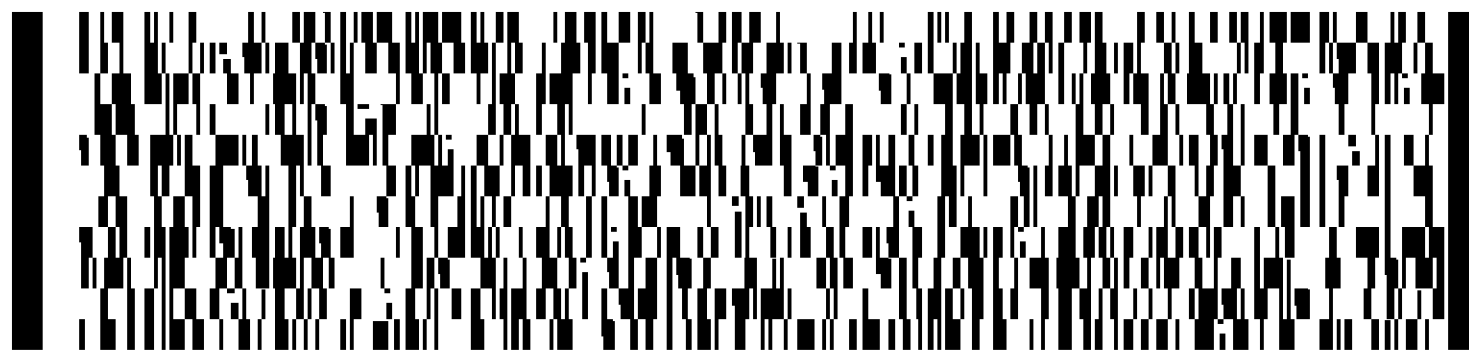
Blacken circle if you need forms to change the registered agent or registered office information.

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

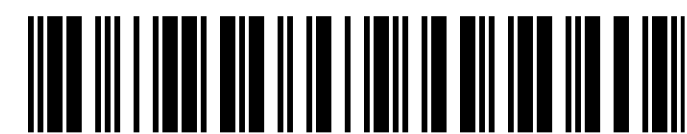
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Title: **DIRECTOR** Date: **07/27/2012** Area code and phone number: **(281) 812-4041**

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS OFFICE



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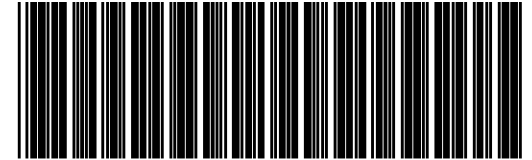
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Entity's principal office

Principal place of business



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Please sign below!

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SECTION A Name, title and mailing address of each officer, director or member.

Name WILLIAM SIMPSON	Title DIRECTOR	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address 8311 ACUPULCO COVE COURT	City HUMBLE	State TX	ZIP code 77346
Name ROSE BAUMANN	Title SECRETARY	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address 19506 SWEETGUM FOREST DRIVE	City HUMBLE	State TX	ZIP code 77346
Name ROSE BAUMANN	Title DIRECTOR	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address 19506 SWEETGUM FOREST DRIVE	City HUMBLE	State TX	ZIP code 77346
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP code

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Agent: **ANTHONY AUSTIN**

Office: **20919 GREENFIELD TRAILS**

City
KINGWOOD

State
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ZIP Code
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I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Title: **DIRECTOR** Date: **07/27/2012** Area code and phone number: **(281) 812-4041**



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