FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:02

DOCUMENT # 704841 (6)

1. Corporation Name
DELEON SPRINGS LIONS CLUB, INC.

Principal Place of Business	Mailing Address
4949 BILLINGS AVE P.O. BOX 501 DE LEON SPRINGS FL 32130	4949 BILLINGS AVE P.O. BOX 501 DE LEON SPRINGS FL 32130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1962
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2145717 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LINKNER, BILL
5739 CLARK ST.
DELEON SPRINGS FL 32130

10. Name and Address of New Registered Agent

81 Name: Walter C. Pounds, Jr.
82 Street Address (P.O. Box Number Is Not Acceptable): 1446 W. Voorhis Ave.
83
84 City: DeLand FL 85 Zip Code: 32720

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Walter C. Pounds Jr.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HANSON, RAY	1.2 NAME	Fellows, Lee	
STREET ADDRESS	6 PARK AVE	1.3 STREET ADDRESS	2 Magnolia Place	
CITY-ST-ZIP	DELEON SPRINGS FL 32130	1.4 CITY-ST-ZIP	DeLeon Springs, Fl 32130	
TITLE	PD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	LINKNER, BILL	2.2 NAME	William Gilbert	
STREET ADDRESS	5739 CLARK ST.	2.3 STREET ADDRESS	2885 Marshview Ct.	
CITY-ST-ZIP	DELEON SPRINGS FL 32130	2.4 CITY-ST-ZIP	DeLeon Springs, Fl 32130	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	HOWARD, ROBERT	3.2 NAME	Walter C. Pounds, Jr.	
STREET ADDRESS	2640 NECTARINE RD	3.3 STREET ADDRESS	1446 W. Voorhis Ave.	
CITY-ST-ZIP	DELAND FL 32724	3.4 CITY-ST-ZIP	DeLand, Fl 32720	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	TRASS, HARRY	4.2 NAME		
STREET ADDRESS	PO BOX 644 N A	4.3 STREET ADDRESS		
CITY-ST-ZIP	DELEON SPRINGS FL 32130	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Walter C. Pounds, Jr., Treasurer 1/23/95 904-734-1441
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0023788