

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified

11/29/1962

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POUNDS, WALTER C  
1446 W. VOORHIS AVENUE  
DELAND FL 32720

81 Name

Robert E. Paige

82 Street Address (P.O. Box Number is Not Acceptable)

3823 Grand Ave.

83

Deland, Fla. 32720

84 City

FL

85 Zip Code

32720

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Robert E. Paige*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME FELLOWS, LEE  
STREET ADDRESS 2 MAGNOLIA PLACE  
CITY-ST-ZIP DELEON SPRINGS FL

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Young, Edward F1 32130  
1.3 STREET ADDRESS 2 Magnolia Pl. Deleon Springs  
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME GILBERT, WILLIAM  
STREET ADDRESS 2885 MARSHVIEW COURT  
CITY-ST-ZIP DELEON SPRINGS FL

2.1 TITLE SD ☒ Change ☐ Addition  
2.2 NAME Gilbert, William  
2.3 STREET ADDRESS 2885 Marshview Ct.  
2.4 CITY-ST-ZIP Deleon Springs, FL 32130

TITLE TD ☒ DELETE  
NAME POUNDS, WALTER J  
STREET ADDRESS 1446 W. VOORHIS AVENUE  
CITY-ST-ZIP DELAND FL

3.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME Robert E. Paige  
3.3 STREET ADDRESS 3823 Grand Ave. Deland, FL 32720  
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME TRASS, HARRY  
STREET ADDRESS PO BOX 644 N A  
CITY-ST-ZIP DELEON SPRINGS FL 32130

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2/16/96 904-738-4484

CP2E037 (12/95)