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Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

1949 BILLINGS AVE
P.O. BOX 501
DE LEON SPRINGS FL 321304949 BILLINGS AVE
P.O. BOX 501
DE LEON SPRINGS FL 32130-05013. Date Incorporated or Qualified
11/29/19623a. Date of Last Report
02/26/1996

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

29

30

4. FEI Number
59-2145717

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

PAIGE, ROBERT E.
3823 GRAND AVENUE
DELAND FL 32720

81 Name

ROSE MARIE WELLS

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

8 PARK AVE.

83

DELEON SPRINGS

84 City

FL

85 Zip Code

32130

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 *Rose Marie Wells*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME YOUNG, EDWARD
STREET ADDRESS 2 MAGNOLIA PLACE
CITY-ST-ZIP DELEON SPRINGS FL
☒ DELETE1.1 TITLE PD.
1.2 NAME ROBERT HOWARD
1.3 STREET ADDRESS 971 QUAIL DR. MEADOWLEA
1.4 CITY-ST-ZIP DELAND, FL. 32724
☒ Change ☐ AdditionTITLE SD
NAME GILBERT, WILLIAM
STREET ADDRESS 2885 MARSHVIEW COURT
CITY-ST-ZIP DELEON SPRINGS FL
☐ DELETE2.1 TITLE SD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE TD
NAME PAIGE, ROBERT E.
STREET ADDRESS 3823 GRAND AVENUE
CITY-ST-ZIP DELAND FL
☒ DELETE3.1 TITLE TD
3.2 NAME ROSE MARIE WELLS
3.3 STREET ADDRESS 8 PARK AVE.
3.4 CITY-ST-ZIP DELEON SPRINGS, FL. 32130
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 address.

SIGNATURE: *Rose Marie Wells*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/97

Date

(904)985-5011

Daytime Phone 0002706

CR2E037 (9/96)