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Mar 23, 1999 8:00 am
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03-23-1999 90009 036 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704841

1. Corporation Name

DELEON SPRINGS LIONS CLUB, INC.

Principal Place of Business

4949 BILLINGS AVE
P.O. BOX 501
DE LEON SPRINGS FL 32130

Mailing Address

4949 BILLINGS AVE
P.O. BOX 501
DE LEON SPRINGS FL 32130



252559-90009-36

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/29/1962	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2145717	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WELLS, ROSE M 8 PARK AVE DELEON SPRINGS FL 32130				81 Name ECKERT, EDMUND F. 82 Street Address (P.O. Box Number is Not Acceptable) 1826 TWIN OAK DR. 83 DE LAND, FL. 84 City FL 85 Zip Code 32722	
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 <i>E. Eckert - Director</i> 3-24-99 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	PD	1.1 TITLE	PD
NAME	BREEZE, MARILYN	1.2 NAME	FRANKLIN BRUCE WOOD
STREET ADDRESS	5035 DELEON OAKS CT	1.3 STREET ADDRESS	280 W ROTH ST
CITY-ST-ZIP	DELEON SPRINGS FL 32130	1.4 CITY-ST-ZIP	DELEON SPRINGS FL 32130
TITLE	VD	2.1 TITLE	VD
NAME	PAIGE, ROBERT	2.2 NAME	SCHULER, RICHARD
STREET ADDRESS	3823 GRAND AVE	2.3 STREET ADDRESS	808 PARK AVE
CITY-ST-ZIP	DELEON FL 32720	2.4 CITY-ST-ZIP	DELEON SPRINGS, FL 32130
TITLE	TD	3.1 TITLE	TD
NAME	WELLS, ROSE M	3.2 NAME	MARILYN-BREEZE
STREET ADDRESS	8 PARK AVE	3.3 STREET ADDRESS	5035 DELEON OAKS CT
CITY-ST-ZIP	DELEON SPRINGS FL	3.4 CITY-ST-ZIP	DELEON SPRINGS, FL 32130
TITLE	S/D	4.1 TITLE	S/D
NAME	SCHULER	4.2 NAME	GUDRUN BENSON
STREET ADDRESS		4.3 STREET ADDRESS	200 W. STATE RD 40
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BARAERVILLE, FL 32105
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 with all other like empowered.

SIGNATURE: *Franklin B Wood* 2/14/99 904-786-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #