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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

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

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCU 1. Corporation	MENT # 704841		•			
DELEON SPRINGS LIONS CLUB, INC.				252559 - 90	252559- 90009 - 36 * *	
			<u></u>			
Principal Plac	e of Business	Mailing Address .				
4949 BILLINGS P.O. BOX 501 DE LEON SPE	g ave Hings FL 32130	4949 BILLINGS AVE P.O. BOX 501 DE LEON SPRINGS FL 3213	30			
2 Principal F	loce of Pusinger	2a. Mailing Address		3. Date Incorporated or Qualifed		
, ,	lace of Business	26. Walling Address		11/29/1962		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
22	.,	27		59-2145717	Not Applicat	
City & Stat	(e · - · ·	City & State	-	5. Certificate of Status Desired	\$8.75 Additional	
23		28		5. Certificate of Status Desired	Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
24	25	1771	30	Trust Fund Contribution	Added to Fees	
	9. Name and Address of Current	Registered Agent	04 11	10. Name and Address of New Regis	tered Agent	
81 Name			KERT EDMUND	F		
WELLS, ROSE M 82 Street Addre			Address (P.O. Box Number is Not Acceptable)			
8 PARK AVE			83 -	26 TWIN ORBIDE	ζ,	
DELEON SPRINGS FL 32130			°3 D	ELAND FL.	3272	
1			84 City	, , , , , , , , , , , , , , , , , , , ,	85 Zip Code	
1			1 - 1 - 2			
44.0		1047 4500 Fit its Other		and a submitted this statement for the purpose	FL 33 Zip Godd	
i office or i	egistered agent, or both, in the State of	f Florida. Such change was aut	thorized by the corp	corporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its registere	
i office or i	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	thorized by the corp	corporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its registere	
i office or i	registered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was autons of, Section 617.0503, Flori	thorized by the corp da Statutes.	oration's board of directors. I hereby accept the	ose of changing its registere	
office or a agent. I a	egistered agent, or both, in the State or m familiar with, and accept the obligation of the state of the stat	f Florida. Such change was aulons of, Section 617.0503, Floriand title if applicable. (NOTE: F	thorized by the corp	oration's board of directors. I hereby accept the	ose of changing its registered appointment as registered 3-24-99	
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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 informatic indicated on this annual report or supplemental annual appoints 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 director of the corporation of the corporation of the receiver or director of the corporation or the receiver or director of the corporation of the receiver or director of the corporation of the receiver or director of the corporation of the receiver of the corporation of the receiver or director of the corporation of the receiver of the corporation of the receiver

6.4 CITY ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP