

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 707315 (8)

95 MAR 22 PM 3:24

1. Corporation Name  
LIONS CLUB OF LAKELAND, FLORIDA, INC.

Principal Place of Business Mailing Address  
8320 TOM COSTINE ROAD 8320 TOM COSTINE ROAD  
P.O. BOX 1807 P.O. BOX 1807  
LAKELAND FL 33802-1807 LAKELAND FL 33802-1807

DO NOT WRITE IN THIS SPACE

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

9. Name and Address of Current Registered Agent

YAWN, W.E.  
8320 TOM COSTINE RD.  
LAKELAND FL 33809

3. Date Incorporated or Qualified 3a. Date of Last Report  
05/19/1964 05/01/1994  
4. FEI Number Applied For  
59-6153315 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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	V
NAME	PATEL, C. N
STREET ADDRESS	4723 HIGHLANDS PL DRIVE
CITY-ST-ZIP	LAKELAND FL
TITLE	T
NAME	CARLTON, GERALDYNE
STREET ADDRESS	9230 HALL ROAD
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	YAWN, W. E "RAY"
STREET ADDRESS	232 N. MASS. AVE
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	JOHNSON, GEORGE
STREET ADDRESS	519 KESINATION STREET
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	KING, F. L
STREET ADDRESS	1636 SKINNER ST.
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	JARVIS, WILLIAM W
STREET ADDRESS	1305 STRATTON DRIVE
CITY-ST-ZIP	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patel, C N
1.3 STREET ADDRESS	4723 Highlands Pl. Drive
1.4 CITY-ST-ZIP	Lakeland, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-95 (813) 688-5700  
Date Daytime Phone #