

**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 # 707315 (8)

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



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

3. Date Incorporated or Qualified: 05/19/1964  
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business: 4723, Highlands Place Dr., Lakeland, FL 33807, Polk  
2a. Mailing Address: P.O. Box. 1807, Lakeland, FL 33802, Polk

4. FEI Number: 59-6153315  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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  
**YAWN, W.E.  
8320 TOM COSTINE RD.  
LAKELAND FL 33809**

10. Name and Address of New Registered Agent  
81 Name: C.N. PATEL,  
82 Street Address (P.O. Box Number is Not Acceptable): 4723, Highlands Place Dr.,  
84 City: LAKELAND, FL 85 Zip Code: 33813

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: *Lon Patel*  
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: P	NAME: PATEL, C. N.	1.1 TITLE: P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 4723 HIGHLANDS PL DRIVE	CITY-ST-ZIP: LAKELAND FL	1.2 NAME: Nicholas J. Troiano,	1.3 STREET ADDRESS: 5717, Scott Lake Hills Lane,
		1.4 CITY-ST-ZIP: Lakeland, FL 33813	
TITLE: T	NAME: CARLTON, GERALDYNE	2.1 TITLE: V.P.	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 9230 HALL ROAD	CITY-ST-ZIP: LAKELAND FL	2.2 NAME: Russell J. Matteson,	2.3 STREET ADDRESS: 2614, South Sunshine Drive,
		2.4 CITY-ST-ZIP: Lakeland, FL 33801	
TITLE: D	NAME: YAWN, W. E "RAY"	3.1 TITLE: S.	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 232 N. MASS. AVE	CITY-ST-ZIP: LAKELAND FL	3.2 NAME: Geraldnye Carlton,	3.3 STREET ADDRESS: 9230, Hall Road,
		3.4 CITY-ST-ZIP: Lakeland, FL 33809	
TITLE: D	NAME: JOHNSON, GEORGE	4.1 TITLE: T.	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 519 KESINATION STREET	CITY-ST-ZIP: LAKELAND FL	4.2 NAME: C.N. PATEL,	4.3 STREET ADDRESS: 4723, Highlands Place Dr.,
		4.4 CITY-ST-ZIP: Lakeland, FL 33813	
TITLE: D	NAME: KING, F. L.	5.1 TITLE: D.	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 1636 SKINNER ST.	CITY-ST-ZIP: LAKELAND FL	5.2 NAME: Thomas R. Reed,	5.3 STREET ADDRESS: 4444, US 98 N. Lot # 1-79
		5.4 CITY-ST-ZIP: Lakeland, FL 33909	
TITLE: D	NAME: JARVIS, WILLIAM W	6.1 TITLE: D.	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 1305 STRATTON DRIVE	CITY-ST-ZIP: LAKELAND FL	6.2 NAME: Barbara Minerva,	6.3 STREET ADDRESS: P.O.Box 6603, Huntington Bank,
		6.4 CITY-ST-ZIP: Lakeland, FL 33809	

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: *Lon Patel* Date: 6/20/96 Daytime Phone #: 941-647-3368

CR2E037 (12/95)