

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 707315 (8)  
1. Corporation Name  
LIONS CLUB OF LAKE LAND, FLORIDA, INC.



Principal Place of Business: 4723 HIGHLANDS PLACE, P.O. BOX 1807, LAKE LAND FL 33807, US  
Mailing Address: P O BOX 1807, P.O. BOX 1807, LAKE LAND FL 33802-1807, US

3. Date Incorporated or Qualified: 05/19/1964  
3a. Date of Last Report: 07/01/1996  
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

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
PATEL, C N  
4723 HIGHLANDS PLACE DR  
LAKE LAND FL 33813

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 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: *[Signature]* DATE: 2/15/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: TROIANO, NICHOLAS J	1.1 TITLE: DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 5717 SCOTT LAKE HILLS LANE	CITY-ST-ZIP: LAKE LAND FL	1.2 NAME: TOM REED	
		1.3 STREET ADDRESS: 4444, N. S. 98. N. Lot # 296	
		1.4 CITY-ST-ZIP: LAKE LAND FL 33809	
TITLE: VP	NAME: MATTESON, RUSSELL J	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2614 SOUTH SUNSHINE DR	CITY-ST-ZIP: LAKE LAND FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: S	NAME: CARLTON, GERALDYNE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9230 HALI RD	CITY-ST-ZIP: LAKE LAND FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: T	NAME: PATEL, C N	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4723 HIGHLANDS PLACE DR	CITY-ST-ZIP: LAKE LAND FL	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: D	NAME: KING, F. L	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1636 SKINNER ST.	CITY-ST-ZIP: LAKE LAND FL	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: D	NAME: MINERVA, BARBARA	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: P O BOX 6603 HUNTINGTON BANK	CITY-ST-ZIP: LAKE LAND FL	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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: *[Signature]* DATE: 3/18/97 DAYTIME PHONE: 941-647-3268

CR2E037 (9/96)