

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 29 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707315 (8)**  
1. Corporation Name  
**LIONS CLUB OF LAKE LAND, FLORIDA, INC.**



Principal Place of Business <b>4723 HIGHLANDS PLACE P.O. BOX 1807 LAKE LAND FL 33807 US</b>	Mailing Address <b>P O BOX 1807 P.O. BOX 1807 LAKE LAND FL 33802 US</b>
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3. Date Incorporated or Qualified  
**05/19/1964**

4. FEI Number <b>59-6153315</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State <b>23</b>	City & State <b>28</b>
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TROIANO, NICHOLAS J</b>	1.2 NAME	<b>Geraldne Carlton,</b>
STREET ADDRESS	<b>5717 SCOTT LAKE HILLS LANE</b>	1.3 STREET ADDRESS	<b>9230, Hall Rad, Lakeland, FL 33809</b>
CITY-ST-ZIP	<b>LAKE LAND FL</b>	1.4 CITY-ST-ZIP	<b>LAKE LAND FL 33809</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MATTESON, RUSSELL J</b>	2.2 NAME	<b>Dotti Hornak</b>
STREET ADDRESS	<b>2614 SOUTH SUNSHINE DR</b>	2.3 STREET ADDRESS	<b>4747 North 33, Lakeland, FL 33805</b>
CITY-ST-ZIP	<b>LAKE LAND FL</b>	2.4 CITY-ST-ZIP	<b>LAKE LAND FL 33805</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARLTON, GERALDYNE</b>	3.2 NAME	<b>Joseph B. Wortman</b>
STREET ADDRESS	<b>9230 HALL RD</b>	3.3 STREET ADDRESS	<b>5063, Windover Lane, Lakeland, 33813</b>
CITY-ST-ZIP	<b>LAKE LAND FL</b>	3.4 CITY-ST-ZIP	<b>LAKE LAND FL 33813</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATEL, C N</b>	4.2 NAME	
STREET ADDRESS	<b>4723 HIGHLANDS PLACE DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE LAND FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, F. L</b>	5.2 NAME	
STREET ADDRESS	<b>1636 SKINNER ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE LAND FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REED, TOM</b>	6.2 NAME	
STREET ADDRESS	<b>4444 US 98 N LOT #298</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE LAND FL</b>	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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date **4/10/98**

Daytime Phone # **941 647 3368**

CR2E037 (10/97)