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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 707315

1. Corporation Name

LIONS CLUB OF LAKE LAND, FLORIDA, INC.

Principal Place of Business

4723 IGHLANDS PLACE
 P.O. BOX 1807
 LAKE LAND FL 33807
 US

Mailing Address

P O BOX 1807
 P.O. BOX 1807
 LAKE LAND FL 33802
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/19/1964

23 City & State

27 City & State

4. FEI Number
 59-6153315

Applied For
 Not Applicable

24 Zip Country

28 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

25 Country

29 Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEL, C N
 4723 HIGHLANDS PLACE DR
 LAKE LAND FL 33813

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, 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 DELETE
 NAME CARLTON, GERALDYNE
 STREET ADDRESS 9230 HALL RAD
 CITY-ST-ZIP LAKE LAND FL 33809

1.1 TITLE P Change Addition
 1.2 NAME WORTMAN JOSEPH B
 1.3 STREET ADDRESS 5063 WINDOVER LANE
 1.4 CITY-ST-ZIP LAKE LAND FL 33813

TITLE S DELETE
 NAME HORNAK, DOTI
 STREET ADDRESS 4747 NORTH 33
 CITY-ST-ZIP LAKE LAND FL 33805

2.1 TITLE S Change Addition
 2.2 NAME LIVINGSTON ROBERT
 2.3 STREET ADDRESS 917 WOODMONT LANE
 2.4 CITY-ST-ZIP LAKE LAND FL 33813

TITLE VP DELETE
 NAME WORTMAN, JOSEPH B.
 STREET ADDRESS 5063 WINDOVER LANE
 CITY-ST-ZIP LAKE LAND FL 33813

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE T DELETE
 NAME PATEL, C N
 STREET ADDRESS 4723 HIGHLANDS PLACE DR
 CITY-ST-ZIP LAKE LAND FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D DELETE
 NAME KING, F. L
 STREET ADDRESS 1636 SKINNER ST.
 CITY-ST-ZIP LAKE LAND FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE D DELETE
 NAME REED, TOM
 STREET ADDRESS 4444 US 98 N LOT #296
 CITY-ST-ZIP LAKE LAND FL

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *[Signature]* 3/2/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)