FILE NOW: FILING FEE IS $61.25

FILED
Jun 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 723744 (9)

1. Corporation Name
LAKE ALFRED LIONS CLUB, INC

Principal Place of Business	Mailing Address
P.O. BOX 1401 LAKE ALFRED FL 33850	P.O. BOX 1401 LAKE ALFRED FL 33850-1401

3. Date Incorporated or Qualified: 06/23/1972
3a. Date of Last Report: 01/29/1996

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

4. FEI Number: 59-6152435 ☐ Applied For ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

HAGY, WILLIAM K.
695 SOUTH RAMONA AVNUE
LAKE ALFRED FL 33850

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	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	GERBER, ROBERT		1.2 NAME	Marilyn Anderson	
STREET ADDRESS	2726 GERBER DAIRY RD.		1.3 STREET ADDRESS	250 E. Columbia	
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP	Lake Alfred, Fl 33850	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRETENCORD, THOMAS		2.2 NAME		
STREET ADDRESS	485 S SEMINOLE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE ALFRED, FL 00000		2.4 CITY-ST-ZIP		
TITLE	~~V~~	☒ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	~~ANDERSON, MARILYN~~		3.2 NAME	DAVID FAWCETT	
STREET ADDRESS	~~250 E. COLUMBIA~~		3.3 STREET ADDRESS	450 W. ORANGE	
CITY-ST-ZIP	~~LAKE ALFRED FL~~		3.4 CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ARMSTRONG, WOODROW		4.2 NAME		
STREET ADDRESS	765 E. PIERCE ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE ALFRED FL		4.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~WININGER, JAMES~~		5.2 NAME	HARVEY AHRING	
STREET ADDRESS	~~4640 CYNTHIA ST~~		5.3 STREET ADDRESS	106 RIGI SLOPE	
CITY-ST-ZIP	~~BARTOW FL~~		5.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HAGY, WILLIAM K		6.2 NAME	200002208412	
STREET ADDRESS	695 SOUTH RAMONA AVENUE		6.3 STREET ADDRESS	-06/11/97--01030--003	
CITY-ST-ZIP	LAKE ALFRED, FL 00000		6.4 CITY-ST-ZIP	***61.25	

6-4-97

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.

William K Hagy 5-31-97

CR2E037 (9/96)