2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-06-2002 90293 020 ****61.25

DOCUMENT # 723744

1. Entity Name

LAKE ALFRED LIONS CLUB, INC

Principal Place of Business	Mailing Address
175 N NEKOMA STREET LAKE ALFRED FL 33850 US	P.O. BOX 1401 LAKE ALFRED FL 33850 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6152435 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAGY, WILLIAM K. 695 SOUTH RAMONA AVNUE LAKE ALFRED FL 33850	Name: DAVID L FAWCETT Street Address (P.O. Box Number is Not Acceptable) 450 WEST ORANGE ST. City: LAKE ALFRED FL Zip Code: 33850

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: David L Fawcett DAVID L FAWCETT 5/17/02
Signature, typed or printed name of registered agent and title if applicable.

William K Hagy William K. HAGY 4/15/02
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RUSH, LLOYD 6739 KENSINGTON DR NE WINTER HAVEN FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MONROE, DANNY 400 E POMELO ST LAKE ALFRED, FL 33850	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MONROE, DANNY 400 E POMELO STREET LAKE ALFRED FL 33850	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT WILLIAMS, MAGGIY 1980 STONEBRIDGE DR S.W. WINTER HAVEN, FL. 33880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HESTER, GEORGE 2798 AVENUE NORTH NW WINTER HAVEN FL 33881	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY RUSH, LLOYD 6739 KENSINGTON DR. NE WINTER HAVEN, FL 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FAWCETT, DAVID 450 W ORANGE STREET LAKE ALFRED FL 33850	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER FAWCETT, DAVID 450 W. ORANGE ST. LAKE ALFRED, FL 33850	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, MAGGIY 200 AVENUE K SE APT 181 WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PALMORE, DEE 154 WINTERIDGE DR. WINTER HAVEN, FL 33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEAVER, GEORGE 2035 14TH STREET NW WINTER HAVEN FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David L Fawcett DAVID L FAWCETT 4/15/02 863-439-3691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #