

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # 725978 (1)**

1. Corporation Name  
**LIONS CLUB OF SPRING HILL, FLORIDA, INC.**

**95 JAN 31 AM 10: 24**

Principal Place of Business Mailing Address  
**247 HALLCREST AVE  
SPRING HILL FL 34608-6933  
US** **PO BOX 3063  
SPRING HILL FL 34608-0961  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/03/1973** 3a. Date of Last Report **02/02/1994**  
4. FEI Number **59-6214539** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**HINDS, RODGER  
4369 BLUEWATER AVE.  
SPRING HILL FL 34606**

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 607.0502 and 607.1509, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<del>XXXXXX</del>
STREET ADDRESS	<del>XXXXXX</del>
CITY-ST-ZIP	<del>XXXXXX</del>
TITLE	<b>D</b>
NAME	<del>XXXXXX</del> <b>DONALD</b>
STREET ADDRESS	<b>2328 SPARKLEBERRY CT.</b>
CITY-ST-ZIP	<b>SPRING HILL, FL 00000</b>
TITLE	<b>S</b>
NAME	<b>HINDS, RODGER</b>
STREET ADDRESS	<b>4369 BLUEWATER AVE.</b>
CITY-ST-ZIP	<b>SPRING HILL, FL 00000</b>
TITLE	<b>D</b>
NAME	<del>XXXXXX</del>
STREET ADDRESS	<b>9384 JENA</b>
CITY-ST-ZIP	<del>XXXXXX</del>
TITLE	<b>D</b>
NAME	<b>O'BRIEN, JOHN</b>
STREET ADDRESS	<b>7256 FLYWAY DR</b>
CITY-ST-ZIP	<b>SPRING HILL, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D</b>
1.3 STREET ADDRESS	<b>RICHARD OLIVER</b>
1.4 CITY-ST-ZIP	<b>7614 LANDMARK DR. SPRING HILL, FL.</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D</b>
2.3 STREET ADDRESS	<b>ANGELO CUCE</b>
2.4 CITY-ST-ZIP	<b>6252 SEBASTIAN DR. SPRING HILL, FL.</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in person; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: Rodger Hinds  
RODGER HINDS, SECRETARY

1/12/95 904-686-8686  
Date Daytime Hours