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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 FEB 28 PM 4:17

DOCUMENT # 748216 (9)

1. Corporation Name
SARASOTA HI-NOON LIONS CLUB, INC.

Principal Place of Business	Mailing Address
PO BOX 21436 SARASOTA FL 34276 US	PO BOX 21436 SARASOTA FL 34276 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1979
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-1917625 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TAYLOR RICHARD W
4517 KINGS MERE
SARASOTA FL 34235

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE E. W. Kleinschmit E. W. KLEINSCHMIT 2-20-95
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	PC	1.1 TITLE	PC ☒ Change ☐ Addition
NAME	TAYLOR, RICHARD W	1.2 NAME	Kleinschmit, E W
STREET ADDRESS	4517 KINGSMERE	1.3 STREET ADDRESS	3813 Ironwood Ct.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	VPD	2.1 TITLE	1stVP VD ☒ Change ☐ Addition
NAME	LIFTIG, ALVIN	2.2 NAME	Riley, William
STREET ADDRESS	5125 SANDY BEACH AVENUE	2.3 STREET ADDRESS	5462 Beneva Wood Cir.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34233
TITLE	VPD	3.1 TITLE	2nd VP VD ☒ Change ☐ Addition
NAME	RILEY, WILLIAM E	3.2 NAME	Lania, Christine
STREET ADDRESS	5462 BENEVA WOODS CIRCLE	3.3 STREET ADDRESS	1745 Shoreland Dr.
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	VPD	4.1 TITLE	3rd VP ☒ Change ☐ Addition
NAME	WISE, RONALD J.	4.2 NAME	Lynch, Edward J.
STREET ADDRESS	3337 MERIDALE ROAD	4.3 STREET ADDRESS	760 Bird Bay Dr. W.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Venice, FL 34292
TITLE	SD	5.1 TITLE	Secretary SD ☒ Change ☐ Addition
NAME	MORAN, TERENCE C	5.2 NAME	Smith, Floyd C.
STREET ADDRESS	5517 CHANTECLAIRE	5.3 STREET ADDRESS	3025 Post Rd
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	TD	6.1 TITLE	Treasurer TD ☒ Change ☐ Addition
NAME	GRIDLEY, GRANT	6.2 NAME	Schuyler, Philip, Jr.
STREET ADDRESS	435 S GULFSTREAM AVENUE, APT. #807	6.3 STREET ADDRESS	4336 Kingston Loop
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Sarasota, FL 34238-2636

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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: Philip Schuyler Jr. Philip Schuyler Jr. 2/20/95 813-921-2027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0004001