

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 748216 (9)

1. Corporation Name

SARASOTA HI-NOON LIONS CLUB, INC.



Principal Place of Business

PO BOX 21436
SARASOTA FL 34276
US

Mailing Address

PO BOX 21436
SARASOTA FL 34276
US

3. Date Incorporated or Qualified
07/26/1979

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

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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

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR RICHARD W
4517 KINGS MERE
SARASOTA FL 34235

81 Name

Bill Riley

82 Street Address (P.O. Box Number is Not Acceptable)

5462 Beneva Wood Circle

83

84 City

Sarasota

FL

85 Zip Code

34233

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

Bill Riley
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

4/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	☒ DELETE
NAME	KLEINSCMIT, EW	
STREET ADDRESS	3813 IRONWOOD CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP/D	☒ DELETE
NAME	RILEY, WILLIAM	
STREET ADDRESS	5462 BENEVA WOOD CIR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP/D	☒ DELETE
NAME	LAMIA, CHRISTINE	
STREET ADDRESS	1745 SHORELAND DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	☒ DELETE
NAME	LYNCH, EDWARD J.	
STREET ADDRESS	760 BIRD BAY DR W	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	☒ DELETE
NAME	SMITH, FLOYD	
STREET ADDRESS	3025 POST RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	☒ DELETE
NAME	SCHUYLOR, PHILIP	
STREET ADDRESS	4336 KINGSTON LOOP	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/C	☒ Change ☐ Addition
1.2 NAME	Bill Riley	
1.3 STREET ADDRESS	5462 Beneva Wood Circle	
1.4 CITY-ST-ZIP	SARASOTA, FL 34233	
2.1 TITLE	VP/D	☒ Change ☐ Addition
2.2 NAME	Wete Schuyler	
2.3 STREET ADDRESS	4336 Kingston Loop	
2.4 CITY-ST-ZIP	SARASOTA, FL 34238	
3.1 TITLE	VP/D	☐ Change ☐ Addition
3.2 NAME	Gram Gridley	
3.3 STREET ADDRESS	435 Gulfstream Ave	
3.4 CITY-ST-ZIP	SARASOTA, FL 34236	
4.1 TITLE	S/D	☒ Change ☐ Addition
4.2 NAME	Roy Cowles	
4.3 STREET ADDRESS	257 Siesta St.	
4.4 CITY-ST-ZIP	SARASOTA, FL 34231	
5.1 TITLE	VP/D	☒ Change ☐ Addition
5.2 NAME	Guy Galanter	
5.3 STREET ADDRESS	4660 Ocean Blvd., Apt J-1	
5.4 CITY-ST-ZIP	SARASOTA, FL 34232	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	000001829280	
6.3 STREET ADDRESS	-05/20/96--01041--041	
6.4 CITY-ST-ZIP	***61.25	

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 119.07(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 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:

Bill Riley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(941)366-9151

Date

Daytime Phone #

CR2E037 (12/95)