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Apr 24 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 # **748216** **(9)**

1. Corporation Name

**SARASOTA HI-NOON LIONS CLUB, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 21436<br>SARASOTA FL 34276<br>US | PO BOX 21436<br>SARASOTA FL 34276-4436<br>US |

3. Date Incorporated or Qualified: **07/26/1979**
3a. Date of Last Report: **05/01/1996**

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: **59-1917625** ☐ 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

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

RILEY, BILL
5462 BENEVA WOOD CIR.
SARASOTA FL 34233

**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 Bill Riley Bill Riley 4/10/97
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 | VPD | ☐ DELETE | 1.1 TITLE | PC | ☒ Change ☐ Addition |
| NAME | SCHUYLER, PETE | | 1.2 NAME | SCHUYLER, PETE | |
| STREET ADDRESS | 4336 KINGSTON LOOP | | 1.3 STREET ADDRESS | 4336 KINGSTON LOOP | |
| CITY-ST-ZIP | SARASOTA FL 34238 | | 1.4 CITY-ST-ZIP | SARASOTA, FL 34238 | |
| TITLE | PC | ☐ DELETE | 2.1 TITLE | VPD | ☒ Change ☐ Addition |
| NAME | RILEY, WILLIAM | | 2.2 NAME | ROUSE, LARRY | |
| STREET ADDRESS | 5462 BENEVA WOOD CIR | | 2.3 STREET ADDRESS | 2483 WOOD OAK DR | |
| CITY-ST-ZIP | SARASOTA FL 32433 | | 2.4 CITY-ST-ZIP | SARASOTA, FL 34232-6818 | |
| TITLE | VPD | ☐ DELETE | 3.1 TITLE | VPD | ☒ Change ☐ Addition |
| NAME | GRIDLEY, GRANT | | 3.2 NAME | ALBANO, JOHN | |
| STREET ADDRESS | 435 GULFSTREAM AVE. | | 3.3 STREET ADDRESS | 3535 SCHWALBE DR | |
| CITY-ST-ZIP | SARASOTA FL 34236 | | 3.4 CITY-ST-ZIP | SARASOTA, FL 34235-2617 | |
| TITLE | SD | ☐ DELETE | 4.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | COWLES, ROY | | 4.2 NAME | LIMMER, BOYD | |
| STREET ADDRESS | 257 SIESTA ST | | 4.3 STREET ADDRESS | 4565 NORTH LAKE DR | |
| CITY-ST-ZIP | SARASOTA FL 34231 | | 4.4 CITY-ST-ZIP | SARASOTA, FL 34242-1938 | |
| TITLE | TD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GALANTER, GAY | | 5.2 NAME | | |
| STREET ADDRESS | 4660 OCEAN BLVD. APT J-1 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34232 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

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.

**SIGNATURE:** SIGNATURE REQUIRED Bill Riley 4/10/97 (941) 366-9157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064129