SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Aug 12 1998 8:00am
Secretary of State

DOCUMENT # 748216 (9)

1. Corporation Name
SARASOTA LIONS CLUB, INC.

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

3. Date Incorporated or Qualified: 07/26/1979

4. FEI Number: 59-1917625 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 120 S. Tuttle Ave.	26 120 S. Tuttle Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sarasota, FL	City & State 28 Sarasota, FL
Zip 24 34237 Country 25 USA	Zip 29 34237 Country 30 USA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RILEY, BILL 5462 BENEVA WOOD CIR. SARASOTA FL 34233	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 _____ August 3, 1998 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☒ DELETE	1.1 TITLE	PC	☐ Change ☒ Addition
NAME	SCHUYLER, PETE		1.2 NAME	ALBANO, JOHN	
STREET ADDRESS	4336 KINGSOTN LOOP		1.3 STREET ADDRESS	3535 Schwabe Drive	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, FL 34235	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	ROUSE, LARRY		2.2 NAME	KING, DAVID	
STREET ADDRESS	2483 WOOD OAK DR		2.3 STREET ADDRESS	2013 Linwood Way	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	VPD	☒ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	ALBANO, JOHN		3.2 NAME	GALANTER, GAY	
STREET ADDRESS	3535 SCHWALBE DR		3.3 STREET ADDRESS	3798 Amapola Lane	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LIMMER, BOYD		4.2 NAME		
STREET ADDRESS	4565 NORTH LAKE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	GALANTER, GAY		5.2 NAME	GUTH, NANCY	
STREET ADDRESS	4660 OCEAN BLVD. APT J-1		5.3 STREET ADDRESS	4565 Northlake Drive	
CITY-ST-ZIP	SARASOTA FL 34232		5.4 CITY-ST-ZIP	Sarasota, FL 34232	
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 (5/98)

14. 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 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: Nancy L. Guth August 3, 1998 (941) 378-9164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #