


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # F97000000846 (2)
 1. Corporation Name
LIONS CLUBS INTERNATIONAL FOUNDATION, INC.



Principal Place of Business 300 22ND STREET OAK BROOK IL 60521-6842	Mailing Address 300 22ND STREET OAK BROOK IL 60521-6842
---	---

3. Date Incorporated or Qualified 02/17/1997		
4. FEI Number 23-7030455	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 60523-8842	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 60523-8842
---	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WUNDER, WILLIAM H 1208 N SHEFFORD WICHITA KS <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLGAR, EUGENE S 4407 SHANKWEILER RD OREFIELD PA <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAN, PAUL 130-136 CONNAUGHT RD CENTRAL HONG KONG <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHOFF, PORTER 43 MAST ROAD EXTENSION UNIT 41 DOVER NH <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABANANANDA, KAJIT 10 SOI SOONVIJAI NEW PETCHBURI RD BANGKOK THAILAND <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERVIN, JAMES E 164 LOVERS LANE ROAD ALBANY GA <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Chairman, Augustin Soliva <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Caixa Postal 224, Chacara Encanto do Val Sao Jose dos Campos, SP 12001.970 Brazil
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice Chair, Paul Fan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rm. 406 Alliance Bldg., 130-136 Connaught Central, Hong Kong
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary, Dr. Dwayne Garrett <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 Tiger Drive Wentzville, MO 63385
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer, Charles E. Kostig <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 Lothrop Road Acton, MA 01720
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Director, Kajit Habanananda <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Director, James Ervin <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **RECEIVED** Jan. 9, 1998 630-571-5466

CR2E097 (10/97)