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03-01-1999 90007 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F97000000846 1. Corporation Name LIONS CLUBS INTERNATIONAL FOUNDATION, INC.		
Principal Place of Business 300 22ND STREET OAK BROOK IL 60521-8842	Mailing Address 300 22ND STREET OAK BROOK IL 60521-8842	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/17/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7030455
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 60523-8842	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 60523-8842	Country 30	Trust Fund Contribution <input type="checkbox"/>

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 85 Zip Code FL
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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 _____ 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 C	<input checked="" type="checkbox"/> DELETE	1.1 TITLE C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOLIVA, AGUSTIN		1.2 NAME JUDGE HOWARD L. PATTERSON, JR.	
STREET ADDRESS CIAXA POSTAL 224, CHACARA ENCANTO DO VALO		1.3 STREET ADDRESS 300 22ND ST.	
CITY-ST-ZIP SAO JOSE DOS CAMPOS SP BRAZI		1.4 CITY-ST-ZIP OAK BROOK, IL 60523 USA	
TITLE VC	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAN, PAUL		2.2 NAME YASUKAZU OONO	
STREET ADDRESS RM 408 ALLIANCE BLDG, 130-138 CONNAUGHT, C		2.3 STREET ADDRESS 2-3-10 CHUO-DORI	
CITY-ST-ZIP CONNAUGHT CENTRAL HO		2.4 CITY-ST-ZIP MORIOKA, IWATE JAPAN	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARRETT, DWAYNE D		3.2 NAME LIBARDO BASTIDAS PASSOS	
STREET ADDRESS 103 TIGER DRIVE		3.3 STREET ADDRESS CALLE 17AN, NO. 16A-18	
CITY-ST-ZIP WESTVILLE MO 63382		3.4 CITY-ST-ZIP POPAYAN, COLOMBIA	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOSTRO, CHARLES E		4.2 NAME G.A. HANNING	
STREET ADDRESS 12 LOTHROP ROAD		4.3 STREET ADDRESS 32 BREMNER ROAD, FAIRFIELD	
CITY-ST-ZIP ACTON MA 01720		4.4 CITY-ST-ZIP DUNEDIN, NEW ZEALAND	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HABANANANDA, KAJIT		5.2 NAME JAMES E. ERVIN	
STREET ADDRESS 10 SOI SOONWJAI NEW PETCHBURI RD		5.3 STREET ADDRESS 164 LOVERS LANE ROAD	
CITY-ST-ZIP BANGKOK THAILAND		5.4 CITY-ST-ZIP ALBANY GA 31701 USA	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ERVIN, JAMES E		6.2 NAME DR. JEAN BEHAR	
STREET ADDRESS 164 LOVERS LANE ROAD		6.3 STREET ADDRESS 20 AVENUE DESIRE DENORS	
CITY-ST-ZIP ALBANY GA		6.4 CITY-ST-ZIP 76310 SAINT ADRESSE FRANCE	

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, with all other like empowered.

SIGNATURE: *Signature of Patricia O'Reilly* 1-27-99 (630) 571-5466
 SIGNATURE AND TYPE OF POSITION OF SIGNING OFFICER OR DIRECTOR
 PATRICIA O'REILLY, MANAGER
Signature of Howard L. Patterson, Jr. 3/22/99
 HOWARD L. PATTERSON, JR.
 CHAIRMAN (630) 571-5466

CR2E037 (1/98)