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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03068** (6)
1. Corporation Name
FRUITLAND PARK LIONS CLUB, INC.

Principal Place of Business 200 FOUNTAIN STREET P.O. BOX 253 FRUITLAND PARK FL 34731	Mailing Address 200 FOUNTAIN STREET P.O. BOX 253 FRUITLAND PARK FL 34731
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/14/1984	4. FEI Number 59-6148271	Applied For <input type="checkbox"/> Not Applicable
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 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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**RENEER, LEONARD K
719 CARRIAGE LN
LEESBURG FL 34748**

10. Name and Address of New Registered Agent 81 Name ERNESTINE GRIFFITH 82 Street Address (P.O. Box Number is Not Acceptable) 11679 CR 207 W 83 0 84 City OXFORD 85 Zip Code FL 34484

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 *Ernestine Griffith Sec.* DATE **2-11-98**

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	INGALLS, BRAD
STREET ADDRESS	36332 VIA MARCIA
CITY-ST-ZIP	FRUITLAND PARK FL
TITLE	VPD
NAME	MATTOX, ALLAN
STREET ADDRESS	02135 MILLER BLVD
CITY-ST-ZIP	FRUITLAND PARK FL
TITLE	TD
NAME	RENEER, LEONARD K
STREET ADDRESS	719 CARRIAGE LN
CITY-ST-ZIP	LEESBURG FL
TITLE	SD
NAME	RENEER, JUDY
STREET ADDRESS	719 CARRIAGE LANE
CITY-ST-ZIP	LEESBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PO Brad Ingalls
1.2 NAME	36332 VIA MARCIA
1.3 STREET ADDRESS	FRUITLAND PARK FL
1.4 CITY-ST-ZIP	VPD
2.1 TITLE	CHARLES DOYLE JR
2.2 NAME	509 MILLER ST
2.3 STREET ADDRESS	FRUITLAND PARK FL 34731
2.4 CITY-ST-ZIP	TD
3.1 TITLE	JACOB HOOGSTRA
3.2 NAME	405 OAKWOOD LN
3.3 STREET ADDRESS	FRUITLAND PARK FL
3.4 CITY-ST-ZIP	SD
4.1 TITLE	ERNESTINE GRIFFITH
4.2 NAME	11679 CR 207 W
4.3 STREET ADDRESS	OXFORD, FL 34484
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *ERNESTINE GRIFFITH* *Ernestine Griffith* 1-15-98

CP2E037 (10/97)