

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N20273** (1)
1. Corporation Name
FORT LAUDERDALE LIONS CLUB, INC.



Principal Place of Business: **C/O STEPHEN B ROSENTHAL 8142 NO UNIVERSITY DR TAMARAC FL 33321 US**
Mailing Address: **8142 N. UNIVERSITY DR. TAMARAC FL 33321 US**

3. Date Incorporated or Qualified: **04/21/1987** 3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-6170009**
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

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)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSENTHAL STEPHEN B ESQ
8142 N UNIVERSITY DR
TAMARAC FL 33321**

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: D	LANE, SAMUEL R. 7050 S.W. 20TH ST. PLANTATION FL <input checked="" type="checkbox"/> DELETE
TITLE: D	SIMONSON, NORMAN 2150 SW 37 AVE FT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE
TITLE: ST	DOROUGH, GLENN 3680 N.W. 39TH ST. LAUDERDALE LAKES FL <input type="checkbox"/> DELETE
TITLE: D	RIDGE, THOMAS 520 SW 17 ST FT. LAUDERDALE FL <input type="checkbox"/> DELETE
TITLE: V	CHRISTOPHER, ROBIN 3680 NW 39 ST. LAUDERDALE LAKES FL <input type="checkbox"/> DELETE
TITLE: P	HOWLAND, DIANE 8132 CORAL CIR FT. LAUDERDALE FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: D	BRAUSS, JIM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: BRAUSS, JIM	
1.3 STREET ADDRESS: 1528 NE 4 AVE	
1.4 CITY-ST-ZIP: FT LAUDERDALE, FL 33304	
2.1 TITLE: D	DAVIS, JOE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: DAVIS, JOE	
2.3 STREET ADDRESS: 4820 SW 17 ST	
2.4 CITY-ST-ZIP: FT LAUDERDALE, FL 33317	
3.1 TITLE: P	DOROUGH, GLENN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: DOROUGH, GLENN	
3.3 STREET ADDRESS: 3680 NW 39 ST	
3.4 CITY-ST-ZIP: LAUDERDALE LAKES FL 33309	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE: D	CHRISTOPHER, ROBIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: CHRISTOPHER, ROBIN	
5.3 STREET ADDRESS: 3680 NW 39 ST	
5.4 CITY-ST-ZIP: LAUDERDALE LAKES, FL 33309	
6.1 TITLE: S/T	HOWLAND, DIANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: HOWLAND, DIANE	
6.3 STREET ADDRESS: 8132 CORAL CR South.	
6.4 CITY-ST-ZIP: N. LAUDERDALE FL 33068	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Glenn Dorough **Glenn Dorough** 4/28/96 954-845-4760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)