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FILED
May 14 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 # N20273 (1)

1. Corporation Name

FORT LAUDERDALE LIONS CLUB, INC.

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

3. Date Incorporated or Qualified: 04/21/1987

4. FEI Number: 59-6170009 ☐ Applied For ☐ Not Applicable

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROSENTHAL STEPHEN B ESQ
8142 N UNIVERSITY DR
TAMARAC FL 33321

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 _____ 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	P	☐ DELETE	1.1 TITLE	T	☒ Change ☐ Addition
NAME	BRAUSS, JIM		1.2 NAME		
STREET ADDRESS	1528 NW 4 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JOE		2.2 NAME		
STREET ADDRESS	4820 SW 17 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VEDSTED, LINDA		3.2 NAME		
STREET ADDRESS	8860 N.W. 15 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33313		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RIDGE, THOMAS		4.2 NAME		
STREET ADDRESS	520 SW 17 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	LANE, SAM		5.2 NAME	LORRIE CRAM	
STREET ADDRESS	10821 NW 6 STREET		5.3 STREET ADDRESS	421 SW 14 CT - REAR	
CITY-ST-ZIP	PLANTATION FL 33324		5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	ST	☐ DELETE	6.1 TITLE	P	☒ Change ☐ Addition
NAME	HOWLAND, DIANE		6.2 NAME		
STREET ADDRESS	8132 CORAL CIR		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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] 4/29/98 PHONE 954-941-5