FILE NOW: FILING FEE IS $61.25

FILED
Apr 15, 1999 8:00 am
Secretary of State
04-15-1999 90085 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20273

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/21/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6170009 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	T	☐ DELETE	1.1 TITLE		☐ 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	5860 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	Director	☐ Change ☒ Addition
NAME	RIDGE, THOMAS		4. 2 NAME	Brauss, Robert	
STREET ADDRESS	520 SW 17 ST		4.3 STREET ADDRESS	3628 N.E. 23rd ct	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	FT Lauderdale FL 33312	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CRAM, L		5.2 NAME		
STREET ADDRESS	421 SW 14 CT , REAR		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUD FL 33315		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ 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		

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 REQUIRED Treasurer Robert Brauss 4/1/99 954-7646906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)