

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000003577 (2)**

1. Corporation Name  
**NEWBERRY LIONS CLUB, INC.**



Principal Place of Business: **385 W CENTRAL AVE NEWBERRY FL 32669**  
Mailing Address: **PO BOX 1590 NEWBERRY FL 32669**

3. Date Incorporated or Qualified: **07/27/1995**  
3a. Date of Last Report

2. Principal Place of Business: **21**  
2a. Mailing Address: **26 PO BOX 1439**  
Suite, Apt. #, etc.: **22**  
City & State: **23 NEWBERRY, FL**  
Zip: **24 32669** Country: **25 FLORIDA**  
City & State: **28 NEWBERRY, FL**  
Zip: **29 32669** Country: **30 FLORIDA**

4. FEI Number:  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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DEPETER, THOMAS G  
385 W CENTRAL AVE  
NEWBERRY FL 32669**

81 Name: **ROBERT D. RESPESS**  
82 Street Address (P.O. Box Number is Not Acceptable): **385 WEST CENTRAL AVE**  
83  
84 City: **NEWBERRY** FL 85 Zip Code: **32669**

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: *[Signature]*  
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: **6/26/96**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VARNON, JACK</b>	
STREET ADDRESS	<b>22808 NW 62ND AVE</b>	
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEPETER, THOMAS G</b>	
STREET ADDRESS	<b>PO BOX 1590 N/A</b>	
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ELLIOT, GENE</b>	
STREET ADDRESS	<b>PO BOX 511 N/A</b>	
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, CHARLES</b>	
STREET ADDRESS	<b>PO BOX 1151 N/A</b>	
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ADAMS, ELLEN</b>	
STREET ADDRESS	<b>4006 NW 13TH PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAVIS, DON</b>	
STREET ADDRESS	<b>70 TURKEY CREEK</b>	
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>	

1.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ROBERT D RESPESS</b>	
1.3 STREET ADDRESS	<b>385 W. CENTRAL AVE</b>	
1.4 CITY-ST-ZIP	<b>NEWBERRY, FL 32669</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**100001884821**  Change  Addition  
**-07/05/96--01032--012**  
**\*\*\*61.25**

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 of an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **6/26/96**  
DAYTIME PHONE: **352-472-5434**

CR2E037 (12/95)