


FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 1439 NEWBERRY FL 32669-1439
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3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last Report 07/03/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 25355 West Newberry Rd	22. Mailing Address 25355 West Newberry Rd
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**DEPETER, THOMAS G
385 W CENTRAL AVE
NEWBERRY FL 32669**

10. Name and Address of New Registered Agent
81 Name **ROBERT D. RESPESS**
82 Street Address (P.O. Box Number is Not Acceptable)
25355 WEST NEWBERRY ROAD
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]* **ROBERT D. RESPESS** DATE **4/24/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VARNON, JACK	
STREET ADDRESS	22808 NW 62ND AVE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEPETER, THOMAS G	
STREET ADDRESS	PO BOX 1590 N/A	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIOT, GENE	
STREET ADDRESS	PO BOX 511 N/A	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, CHARLES	
STREET ADDRESS	PO BOX 1151 N/A	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, ELLEN	
STREET ADDRESS	4006 NW 13TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RESPESS, ROBERT D	
STREET ADDRESS	385 W CENTRAL AVE	
CITY-ST-ZIP	NEWBERRY FL 32669	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RAY DURST	
1.3 STREET ADDRESS	230 N. MAIN ST	
1.4 CITY-ST-ZIP	NEWBERRY, FL 32669	
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		

14. I do 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** DATE: **4/24/97** DAYTIME PHONE: **352-472-5434**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011892

CR2E037 (9/96)