

FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90035 011 ****61.25
 05-17-1999 90057 002 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000002433 ✓

1. Corporation Name

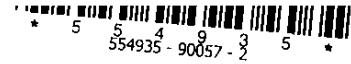
The Sebring Lions Charities, Inc.

Principal Place of Business

Mailing Address

1200 Fairmount Dr.
 Sebring, FL 33870

1200 Fairmount Dr.
 Sebring, FL 33870



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Lois Schroeder
 82 Street Address (P.O. Box Number is Not Acceptable) 1725 Jeri Kay Lane
 83
 84 City Sebring FL 85 Zip Code 33870

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 Lois Schroeder Lois Schroeder Secretary 4-9-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE	PD Howard Schroeder <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	1725 Jeri Kay Lane
STREET ADDRESS		1.3 STREET ADDRESS	Sebring, FL 33870
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	VPD Peter Russo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	4229 Herald Ave.
STREET ADDRESS		2.3 STREET ADDRESS	Sebring, FL 33870
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	TD Peggy Bell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	1614 Shamrock Blvd.
STREET ADDRESS		3.3 STREET ADDRESS	Sebring, FL 33870
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	SD Lois Schroeder <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	1725 Jeri Kay Lane
STREET ADDRESS		4.3 STREET ADDRESS	Sebring, FL 33870
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Howard Schroeder Howard Schroeder, President 4/9/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)