FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705993 (4)

1. Corporation Name

NORTH FORT MYERS LIONS CIVIC CORPORATION, INC.

Principal Place of Business	Mailing Address
[illegible]	[illegible]
	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1963
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-6153142 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 TROPIC ISLES BAPTIST	26 N.F.M.L.C.C., INC.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 701 CAMELLIA DR.	27 P.O.BOX- 3036
City & State	City & State
23 NORTH FORT MYERS, FL.	28 NORTH FORT MYERS, FL.
Zip / Country	Zip / Country
24 33903 / 25 U.S.A.	29 33917 / 30 U.S.A.

9. Name and Address of Current Registered Agent

MORRIS, GARLICK
1260 PONDELLA CIRCLE
NORTH FT MYERS FL 33903

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 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	☐ Change ☐ Addition
NAME	GREGOR, FRANCIS	1.2 NAME	
STREET ADDRESS	2213 S.E. 2ND TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	GARLICK, MORRIS	2.2 NAME	
STREET ADDRESS	1260 PONDELLA CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	BALLARD WILLIAM	3.2 NAME	
STREET ADDRESS	1925 HOWE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JACK	4.2 NAME	
STREET ADDRESS	7868 N.W. BARRANCAS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	NORMAN, FRED	5.2 NAME	
STREET ADDRESS	15358 CIRCLE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: MORRIS L. GARLICK Morris L. Garlick 2-22-95 (813) 995-5743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018830