

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 # 725219 (0)

1. Corporation Name

SEBRING LIONS CLUB CHARITIES, INC.

Principal Place of Business

1200 FARIMONT DRIVE
SEBRING FL 33870

Mailing Address

1200 FARIMONT DRIVE
SEBRING FL 33870



3. Date Incorporated or Qualified

01/08/1973

3a. Date of Last Report

06/22/1995

4. FEI Number

59-1828602

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCOLLUM, J.F.
129 S. COMMERCE AVENUE
SEBRING FL 33870**

81 Name

CARLOS M. MORALES

82 Street Address (P.O. Box Number is Not Acceptable)

2127 SPARROW AVE.

83

84 City

SEBRING

FL

85 Zip Code

33872

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

Carlos M. Morales - CARLOS M. MORALES - TREASURER - FEB. 5, 1996

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCIGILIANO, ROBERT	
STREET ADDRESS	4229 HERALDO AVE	
CITY - ST - ZIP	SEBRING FL	
TITLE	PPD	<input type="checkbox"/> DELETE
NAME	DEMIAR, EDDIE L	
STREET ADDRESS	1030 W GARRETT RD	
CITY - ST - ZIP	AVON PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORALES, CARLOS M.	
STREET ADDRESS	2127 SPARROW AVE	
CITY - ST - ZIP	SEBRING FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHROEDER, LOIS	
STREET ADDRESS	542 POMEGRANATE LOT #6	
CITY - ST - ZIP	SEBRING FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PICKLES, SPENCER H.,	
STREET ADDRESS	1614 SHAMROCK DR.	
CITY - ST - ZIP	SEBRING FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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 on an attachment with an address.

SIGNATURE: Carlos M. Morales - CARLOS M. MORALES - TREASURER - FEB. 6, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E037 (12/95)