

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **705993** (4)
1. Corporation Name
NORTH FORT MYERS LIONS CIVIC CORPORATION, INC.



Principal Place of Business
~~7180 CHASCAS BLVD NW
PO BOX 1000
NORTH FORT MYERS FL 33903
MSX~~
Mailing Address
**N. F. M. L. C. INC.
P O BOX 3036
NORTH FORT MYERS FL 33917
US**

3. Date Incorporated or Qualified **08/06/1963** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business 21 V.I.P. CENTER, INC. Suite, Apt. #, etc.	2a. Mailing Address 26	4. FEI Number 59-6153142	Applied For Not Applicable
22 35 W. Mariana Ave. City & State	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 North Fort Myers, Fl. City & State	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33903 Zip 25 USA Country	29	30	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

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
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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 **Morris L. Garlick** *Morris L. Garlick* **February 27, 1996**
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	<input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GREGOR, FRANCIS		1. NAME	
STREET ADDRESS 2213 S.E. 2ND TERRACE		1. STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL FL		1. CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GARLICK, MORRIS		2. NAME	
STREET ADDRESS 1260 PONDELLA CIRCLE		2. STREET ADDRESS	
CITY-ST-ZIP NORTH FORT MYERS FL 33903		2. CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BALLARD WILLIAM		3. NAME	
STREET ADDRESS 1925 HOWE COURT		3. STREET ADDRESS	
CITY-ST-ZIP N. FT. MYERS FL		3. CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JOHNSON, JACK		4. NAME A.W. Panetteiri	
STREET ADDRESS 7668 N.W. BARRANCA AVENUE		4. STREET ADDRESS 1214 Pondella Cr.	
CITY-ST-ZIP BOHEDIATA FL		4. CITY-ST-ZIP North Fort Myers, Fl. 33903	
TITLE D	<input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME NORMAN, FRED		5. NAME	
STREET ADDRESS 15358 CIRCLE DRIVE		5. STREET ADDRESS	
CITY-ST-ZIP PUNTA GORDA FL		5. 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 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: **Morris L. Garlick** *Morris L. Garlick* **February 27, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)