## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUI 1. Corporation	MENT # 765886	6 (7)							
DANIA LIONS CLUB, INC.									
Principal Place	e of Business	Mailing Address		<del></del>		-			
% RICHARD R. SOBCZAK 224 S. E. 6TH STREET DANIA FL 33004  % RICHARD R. SOBCZAK 224 S. E. 6TH STREET DANIA FL 33004									
	•	Distance L Supply				3. Date Incorporated or Qualified 11/29/1982	3a. Date of	Last Report 0/1995	
2. Principal Pl	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·			4. FEI Number	1 9///	Applied For	
21		26				23-7363369		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 7	3.75 Additional Fee Required	
City & State	9	City & State				6. Election Campaign Financing	\$	5.00 May Be	
Zip	Country	28	Cou	ntrv		Trust Fund Contribution		Added to Fees	
24	25	29	30				Yes ☐ No		
	9. Name and Address of Current	Registered Agent		81 Name		10. Name and Address of New Re	gistered Agen	<u> </u>	
j   '					<sup>3</sup>				
				82 Street	t Address (P.O. Box Number is Not Acceptable)				
224 SE 6TH ST Dania FL 33004				83					
DANIA F	C 33004		ļ	84 City			7.5	I Zio Codo	
				84 City	FL 85 Zip Code				
11. Pursuant	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid	and 617,1508, Florida Statute	s, the abo	ve-named o	orpora	tion submits this statement for the purp	ose of changing	its registered office	
familiar wi	ith, and accept the obligations of, Section	on 617.0503, Florida Statutes.	a cy irio c	orporation:	s Dodice	To directors. Thereby accept the appoint	ininoin as rogis	.alec agoitt. I atti	
SIGNATURE .									
12.	Signature, typed or printed name of registered agent a OFFICERS AND		E: Registered 13.	Agent signature	required s	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SERS AND DIRE	CTORS IN 12	
THILE	D	DELETE	1.1 Ti	rle	7	Noomona on maca to other	Cha		
NAME	GOODMAN, MURRY		1.2 N/	ME			_	· _	
STREET ADDRESS	415 S. FEDERAL HWY.		1.3 ST	REET ADDRESS	1				
CITY-ST-ZIP	DANIA FL		1.4 C6	TY-ST-ZIP					
TITLE	PVD	DELETE	21 TI				Cha	noilibbA 🔲 agne	
NAME	SOBCZAK, RICHARD R		22 N	ME					
STREET ADDRESS	224 SE 6TH ST		23 ST	REET ADDRESS					
CITY-ST-ZIP	DANIA, FL 00000		2.4C	ITY-ST-ZIP	<u> </u>				
TITLE	SP.D	DELETE	3.1 TI				Cha	ange 🔲 Addition	
NAME	MOORE, J. MICHAEL		32 N/	ME	م. ا	IN LIE IP STREET			
STREET ADDRESS	1907 ARTHUR STR.		3357	REET ADDRESS	10	IS NEIS STREET	•		
CITY - ST - ZIP	HOLLYWOOD FL 33020	DELETE	34. C	ITY-ST-ZIP	157	T. LAUD, FL 33305	Cha	ange Addition	
TITLE	VD	Photograph	41 II 4.2 N					ingo Estadiada	
NAME expect annuage	WINTHERS, WILLIAM		- 1	ame Reet address					
STREET ADDRESS CITY-ST-ZIP	7975 S.W. 28TH AVE.			keet addhess Ty+St-Zip					
TITLÉ	FT. LAUDERDALE FL 33312 P D	DELETE			+	<b>300001733653</b> 。□A -03/06/9601023014		ge 🔲 Addition	
NAME	EDMOND, LODGE		5.2 N/			-03/06/96010/ ***61.25	23014		
STREET ADDRESS	4879 S.W. 29TH TERRACE		535	REET ADDRESS		本を示し】。∠ン			
CITY-ST-ZIP	FT. LAUDERDALE FL 33312			TY-ST-ZIP					
TITLE		DELETE	61TI	TLE	1		☐ Cha	ange 🔲 Addition	
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET ADDRESS					
CITY-ST-ZIF		, . <u>, ,</u>		TY-ST-ZIP					
<ol><li>14. I do hereb certify tha</li></ol>	by certify that the information supplied w to the information indicated on this annu-	vith this filing is voluntarily furnit al report or supplemental annu	shed and a report is	does not qu s true and e	lalify for	r the exemption stated in Section 119.0 e and that my signature shall have the s	7(3)(k), Florida S ame legal effect	statutes, i further it as if made under	

4. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in Section 1.19.07(3)(k), Florida Statutes, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG DEFICER OR DIRECTOR

1/29/96 954-921-1335 Degrire Phone #