

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 719618 (1)**

1. Corporation Name

**SEBRING LIONS CLUB, INC.**

Principal Place of Business

**1200 FAIRMONT DR  
SEBRING FL 33870**

Mailing Address

**1200 FAIRMONT DR  
SEBRING FL 33870-1615**3. Date Incorporated or Qualified  
**11/02/1970**3a. Date of Last Report  
**02/09/1996**4. FEI Number  
**59-1828602**Applied For  
Not Applicable5. 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

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MORALES, CARLOS M.  
2127 SPARROW AVENUE  
SEBRING FL 33872**

10. Name and Address of New Registered Agent

81 Name

**MORALES, CARLOS M.**

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

**4607 CADAQUA DR.**

83

84 City

**Sebring**

FL

85 Zip Code

**33872-2330**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☒ DELETE  
NAME **MORALES, CARLOS**  
STREET ADDRESS **2127 SPARROW ST**  
CITY-ST-ZIP **SEBRING FL**TITLE **SD** ☒ DELETE  
NAME **PICKLES, SPENCER H.**  
STREET ADDRESS **1614 SHAMROCK DR.**  
CITY-ST-ZIP **SEBRING FL**TITLE **VP** ☒ DELETE  
NAME **SCHROEDER, LOIS**  
STREET ADDRESS **542 POMEGRANATE LOT #6**  
CITY-ST-ZIP **SEBRING FL**TITLE **PD** ☒ DELETE  
NAME **SCAGLIANO, ROBERT**  
STREET ADDRESS **4229 HERALDO AVE**  
CITY-ST-ZIP **SEBRING FL**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD.** ☐ Change ☐ Addition  
1.2 NAME **CARLOS MORALES**  
1.3 STREET ADDRESS **4607 CADAQUA DR.**  
1.4 CITY-ST-ZIP **SEBRING, FL. 33872-2330**2.1 TITLE **PPD.** ☐ Change ☐ Addition  
2.2 NAME **ROBERT SCIGLIANO**  
2.3 STREET ADDRESS **4229 HERALDO AVE.**  
2.4 CITY-ST-ZIP **SEBRING, FL. 33872**3.1 TITLE **TD.** ☐ Change ☐ Addition  
3.2 NAME **GILBERT SCHMIDT**  
3.3 STREET ADDRESS **3818 SUNBIRD CIRCLE**  
3.4 CITY-ST-ZIP **SEBRING, FL. 33870**4.1 TITLE **SEC** ☐ Change ☐ Addition  
4.2 NAME **LOIS SCHROEDER**  
4.3 STREET ADDRESS **1726 JERI KAYE LANE**  
4.4 CITY-ST-ZIP **SEBRING, FLORIDA 33870**5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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:

**REQUIRED**

CR2E037 (9/96)