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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719618 (1)

1. Corporation Name

SEBRING LIONS CLUB, INC.

Principal Place of Business

Mailing Address

**1200 FAIRMONT DR
SEBRING FL 33870**

**1200 FAIRMONT DR
SEBRING FL 33870**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORALES, CARLOS M.
4807 CADAQUA DRIVE
SEBRING FL 33872**

Deceased

81 Name **AL SCARPATI**
 82 Street Address (P.O. Box Number is Not Acceptable)
2321 N.W. LAKEVIEW DR.
 83 **SEBRING FLORIDA 33870**
 84 City **FL** 85 Zip Code

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

AL SCARPATI

AL SCARPATI

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☐ DELETE
 NAME **SCHMIDT, GILBERT**
 STREET ADDRESS **3818 SUNBIRD CIRCLE**
 CITY-ST-ZIP **SEBRING FL**

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **PPD** ☐ DELETE
 NAME **SCIGLIANO, ROBERT**
 STREET ADDRESS **4220 HERALDO AVENUE**
 CITY-ST-ZIP **SEBRING FL**

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **VP** ☒ DELETE
 NAME **SCHROEDER, LOIS**
 STREET ADDRESS **542 POMEGRANATE LOT #6**
 CITY-ST-ZIP **SEBRING FL**

3.1 TITLE **VP** ☐ Change ☐ Addition
 3.2 NAME **JAMES ROLING**
 3.3 STREET ADDRESS **2221 AVAOLIN RD.**
 3.4 CITY-ST-ZIP **SEBRING FLORIDA 33870**

TITLE **S** ☐ DELETE
 NAME **SCHROEDER, LOIS**
 STREET ADDRESS **1725 JERI KAYE LANE**
 CITY-ST-ZIP **SEBRING FL**

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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:

AL SCARPATI *AL SCARPATI*

1-27-98 941 3820721

CR2E037 (10/97)