SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT** 



## FLORIDA DEPARTMENT OF STATE



ANNUAL REPORT			Sandra B. Mortham  Secretary of State				i	:		
	1998	6		DIVISION OF	•		ONS			
DOCUMENT # N9700002433 (7)									98 SEP 23 FH 12: 11	
1. Corporation Name									SECRETARY OF STATE TALLAHASSE <b>E</b> , FLORIDA	
THE SEBRING LIONS CHARITIES, INC.									TALLAMÁSSEE, FLORIDA Hiduri di inii inii inii inii inii inii inii	
Delanical Place of Pusings										
Principal Place of Business Malling Address									-101	
1200 FAIRMOUNT DRIVE SEBRING FL 33870				1200 FAIRMOUNT DRIVE SEBRING FL 33870				-	3. Date Incorporated or Qualified 04/29/1997	
									4 FE Number Applied For Not Applied by Not Applied by	
Principal Place of Business 21				2a. Malling Address 26					5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be	
22 27 27 27 27 27 27 27 27 27 27 27 27 2				City & State					Trust Fund Contribution	
23				28					Yes No	
Zip 24		Country 25	29	Zip	30 Cou	ntry			This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
SCHROEDER, LOIS										
1725 JERI KAY LANE						82 Street Address (P.O. Box Number is Not Acceptable)				
SEBRING FL 33870						83				
						84	City		B5 Zip Code	
11 Durament to the provisions of codings 617 0502 and 617 1509 Elegida Statutes the						<u></u>	amad aan	corporation submits this statement for the purpose of changing its registered		
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 runoffice 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 rungerin. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.									board of directors. I hereby accept the appointment as registered	
SIGNATURE	ili lanımar wili	i, and accept the	obligations of,	Section 617,0003, Flor	ioa Statut	₩\$.				
	Signature, typed o	x printed name of regist				ed Ag	jent aignature	e regulred	J when reinstating) DATE	
12. TITLE	D	OFFICE	RS AND DIRE		13.	n E	т	000	ADDITIONS CHANGES TO OFFICE AND STRECTORS IN 12	
NAME	MORALES,	CARLOS		DELETE	1.2 NA			TAY	ies Rolling	
STREET ADDRESS	4807 CADAGUA DRIVE					1.3 STREET ADDRESS 2,2			21 AVALON Kd TO	
CITY-ST-ZIP	SEBRING FL					14 CITY-ST-ZIP SCHRING, FL. 3,3870			bring, FL. 3,3870	
TITLE	D			DELETE	2.1 Tr	LΕ			E PRESIDENT D Change X Addition	
NAME	SCIGLIANO				2.2 NA	ME		ሳሳኒ	nES Pellicone 5 Wrightman AVE	
STREET ADDRESS					1		ADDRESS	141	b 1016-71	
CITY-ST-ZIP	SEBRING I	FL.			2.4 CI		-ZIP	201	ORING. FL. 33870  ASURER D Channe MAddition	
NAME	D SCHMIDT,	OII DEDT		DELETE	3.2 NA			Υ	THER DIAKE, Change Addition	
STREET ADDRESS		BIRD CIRCLE		-			ADDRESS !	Jer	E8 Springhill Rd	
CITY-ST-ZIP	SEBRING F				3.4 ČI			Sek	pring, FL. 33870.	
TITLE	PRESI	DENT.		DELETE	4.1 TIT	LE			Change Addition	
NAME	JAME	E KXLIN	20.		4.2 NA	ME	l		Brown stands from the factor with the first built built the first stands of the first stands.	
STREET ADDRESS	Selerin	<b>マン</b> シ	2000	_			ADDRESS		S0000265092521 -09/29/9801015002	
CITY-ST-ZIP	ULAC.	<b>7</b> )	-X		4.4 CI		-ZIP		*****61.25_******61.25	
TITLE NAME	Y X	1 Kles (DE	one	DELETE	5.1 TIT 5.2 NA				L] Change L] Addition	
STREET ADDRESS	3224		Rd.	& wrightman	C 5.3 ST		ADDRESS			
CITY-ST-ZIP	Sebri	ngXFL	338		5.4 Ci				νΩ <sub>~</sub>	
TITLE	TREAS	MREVE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	DELETE	6.1 TIT				Chang€ X Addition	
NAME	7028	SPACINO	ZZZZR	d	6.2 NA	ME			7500	
STREET ADDRESS		NE. FL.	3387	λ			ADDRESS		OK C >	
CITY-ST-ZIP					6.4 CII			section	n 119.07(3)(i), Florida Statutes. I further certify that the information	
lu alia ad			manual non			المما			all have the appear local effect on If words wedge eath, the 4.4 and	

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: \_