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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705993

1. Corporation Name
NORTH FORT MYERS LIONS CIVIC CORPORATION, INC.

Principal Place of Business	Mailing Address
V.I.P. CENTER, INC 35 S MARIANA AVE N FT MYERS FL 33903 US	N. F. M. L. C. C., INC. P O BOX 3036 NORTH FORT MYERS FL 33917 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed.
21	26	08/06/1963
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-6153142 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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 GARLICK DIRECTOR/AGENT 3/24/99
(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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PANETTEIRI, AW		1.2 NAME	
STREET ADDRESS	1214 PONDELLA CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL 33903		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GARLICK, MORRIS		2.2 NAME	
STREET ADDRESS	1260 PONDELLA CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BALLARD WILLIAM		3.2 NAME	
STREET ADDRESS	1925 HOWE COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FISCHER, WILLIAM		4.2 NAME	
STREET ADDRESS	938 MOODY RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL 33903		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NORMAN, FRED		5.2 NAME	
STREET ADDRESS	15358 CIRCLE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: William T. Ballard FRED WILLIAM T. BALLARD DIRECTOR/TREASURER 3/24/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)