

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90159 046 ****61.25

DOCUMENT # 765886

1. Corporation Name

DANIA LIONS CLUB, INC.

Principal Place of Business

% RICHARD R. SOBCZAK
224 S. E. 6TH STREET
DANIA FL 33004

Mailing Address

% RICHARD R. SOBCZAK
224 S. E. 6TH STREET
DANIA FL 33004



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/29/1982

4. FEI Number

65-0692229

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SOBCZAK, RICHARD R
224 SE 6TH ST
DANIA FL 33004

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

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 ☐ DELETE

NAME
D
GOODMAN, MURRY
STREET ADDRESS
415 S. FEDERAL HWY.
CITY-ST-ZIP
DANIA FL

TITLE ☒ DELETE

NAME
PVD
SOBCZAK, RICHARD R
STREET ADDRESS
224 SE 6TH ST
CITY-ST-ZIP
DANIA, FL 00000

TITLE ☒ DELETE

NAME
SPD
MOORE, J. MICHAEL
STREET ADDRESS
1015 NE 18 STREET
CITY-ST-ZIP
FT LAUDERDALE FL 33305

TITLE ☐ DELETE

NAME
VD
WINTHERS, WILLIAM
STREET ADDRESS
7975 S.W. 28TH AVE.
CITY-ST-ZIP
FT. LAUDERDALE FL 33312

TITLE ☒ DELETE

NAME
PD
EDMOND, LODGE
STREET ADDRESS
4879 S.W. 29TH TERRACE
CITY-ST-ZIP
FT. LAUDERDALE FL 33312

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

NAME
ROD COSTELLO
STREET ADDRESS
262 SW 8TH ST
CITY-ST-ZIP
DAVIA FL 33004

3.1 TITLE ☐ Change ☒ Addition

NAME
JUNE DIRECTOR
STREET ADDRESS
275 SW 9TH ST
CITY-ST-ZIP
DAVIA FL 33004

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

NAME
DIRECTOR
RUTH HUTCHINGS
STREET ADDRESS
33 SE 4TH ST.
CITY-ST-ZIP
DAVIA FL 33004

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)