2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90191 043 ****61.25

DOCUMENT # 725219

1. Entity Name
SEBRING LIONS CLUB CHARITIES, INC.

Principal Place of Business	Mailing Address
3400 SEBRING PARKWAY SEBRING, FL 33870	3400 SEBRING PARKWAY SEBRING, FL 33870

04272004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1828602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARCHANT, BECKY 344 RED PINE DRIVE SEBRING, FL 33871	Name: A. J. KAHN Street Address (P.O. Box Number is Not Acceptable): 422 LIME STREET City: SEBRING FL Zip Code: 33870

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: A. J. KAHN — 4-28-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MITCHELL, SOPHY MAE JR 1423 CRESENT DRIVE SEBRING, FL 33870	☒ Delete X	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT NORMAN A. SMITH 2910 GROUPER AVE SEBRING, FL 33870	☐ Change ☒ Addition X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KAHN, AJ BUCKY P.O. BOX 3416 SEBRING, FL 33871	☒ Delete X	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1 VP DIANNE DOTY 3113 GOULD AVE SEBRING, FL 33870	☐ Change ☒ Addition X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HENRY, SUE 1105 PASASCHEE DRIVE SEBRING, FL 33870	☒ Delete X	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER A. J. KAHN 422 LIME ST SEBRING, FL 33870	☐ Change ☒ Addition X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARCHANT, BECKY 344 RED PINE DRIVE SEBRING, FL 33871	☒ Delete X	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ROBERT TEDSTONE 943 S.E.LAKEVIEW DRIVE SEBRING, FL 33870	☐ Change ☒ Addition X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANKFORD, HENRY 4710 BASS AVENUE SEBRING, FL 33870	☒ Delete X	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SOPHY M. MITCHELL 1423 CRESCENT DRIVE SEBRING, FL 33870	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERSON, PHILIP 3217 MICHIGAN AVENUE SEBRING, FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. J. KAHN — 4-28-2004 — 863-382-6399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #