WOT0000 43251

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

FILED **DOCUMENT #725219** 1. Entity Name SEBRING LIONS CLUB CHARITIES, INC. 2007 SEP 13 PM 2: 24 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE.FLORIDA 3400 SEBRING PARKWAY 3400 SEBRING PARKWAY SEBRING, FL 33870 SEBRING, FL 33870 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08282007 REIN-NP CR2E099 (1/07) 4. FEI Number 59-1828602 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent nnell DAM KAHN, A.J. Street Address (P.O. Box Number is Not Acceptable) **422 LIME STREET** SEBRING, FL 33870 Pinetree LANC Zip Code 33672 8. The above named entity sumits 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 register Treasurer 8-28-07 SIGNATURE Make check payable to FILE NOW!!! FEE IS \$297.50 Fiorida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE 70010882299; 08/30/07--01035--010 **236.25 SMITH, NORMAN A NAME NAME 2910 GROUPER AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition EUNICE TLAY Creek Rd #14 NAME DOTY, DIANNE NAME 3113 GOULD AVE. STREET ADDRESS STREET ADDRESS Sebris, Fl. 33870 CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP TREASULER SAM DUNN 111 Pine tree LADE Delete TITLE Change ☐ Addition TITLE NAME KAHN, A.J. NAME 422 LIME ST. STREET ADDRESS STREET ADDRESS Sebrias, Fl. 33872 CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP LA UDDNE KHHN 1/22 Lime 67. Sebrits, Fl. 33871 DZ Delete Change TITLE ☐ Addition TITLE TEDSTONE, ROBERT NAME NAME 943 SE LAKEVIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE MITCHELL, SOPHY M NAME NAME STREET ADDRESS 1423 CRESCENT DR. STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP DOTY DICHO ☐ Delete TITLE ☐ Addition TITLE JAMES DOTY 3113 Gould AU. PETERSON, PHILIP NAME STREET ADDRESS 3217 MICHIGAN AVENUE STREET ADDRESS 33870 SEBRING, FL 33872 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementar apport 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 trystee 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.

863-382-6792