

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003155

Entity Name: MIAMI SPRINGS LIONS CLUB, INC.**Current Principal Place of Business:**301 SWALLOW DRIVE
MIAMI SPRINGS, FL 33166**Current Mailing Address:**PO BOX 660816
MIAMI SPRINGS, FL 33266**FEI Number:** 59-6170049**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONSTANCE L. BRANDENBURG, P.A.
851 FALCON AVENUE
MIAMI SPRINGS, FL 33166 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	FISHER, LEE
Address	448 LARK AVENUE
City-State-Zip:	MIAMI SPRINGS FL 33166

Title	VP
Name	SAUER, DORIS
Address	156 GLENDALE DRIVE
City-State-Zip:	MIAMI SPRINGS FL 33166

Title	TREASURER
Name	JONES, ROBERT
Address	570 FALCON AVENUE
City-State-Zip:	MIAMI SPRINGS FL 33166

Title	SECRETARY
Name	RIEDINGER, LAYNEE
Address	991 HUNTING LODGE DRIVE
City-State-Zip:	MIAMI SPRINGS FL 33166

Title	DIRECTOR
Name	WINDREM, WILLIAM
Address	374 DESOTO DRIVE
City-State-Zip:	MIAMI SPRINGS FL 33166

Title	VP
Name	O'NEILL, ROBERT
Address	1150 DOVE AVENUE
City-State-Zip:	MIAMI SPRINGS FL 33166

Title	DIRECTOR
Name	DRUILLARD, FRED
Address	510 QUAIL AVENUE
City-State-Zip:	MIAMI SPRINGS FL 33166

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT JONES**TREASURER****05/01/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date