2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered,

SIGNATURE:

Deckor:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28, 2005 8:00 am Secretary of State **DOCUMENT # 700852** 1. Entity Name 02-28-2005 90217 017 ****61.25 FROSTPROOF LIONS CLUB, INC. Principal Place of Business Mailing Address 47 W WALL ST. P.O. BOX 162 FROSTPROOF FL 33843 FROSTPROOF FL 33843 2. Principal Place of Business 3. Mailing Address Same Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number **NO-T APPLICABLE** Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Same BACKUS, R E Street Address (P.O. Box Number is Not Acceptable) 47 W WÁLL ST. FROSTPROOF FL 33843 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) __Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Delete TITLE STROME, BRUCE NAME CAMEtary STREET ADDRESS 1995 SWGRASS TRL. STREET ADDRESS SEBRING FL 33872 CITY-ST-7/P CITY-ST-ZIP Addition ☐ Delete TITLE President Change WECHMAN, RAY NAME NAME 2175 N. LAKE REEDY BLVD. STREET ADDRESS STREET ADDRESS FROSTPROOF FL 33843 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition -TITLE Director COTTON, ARTHUR NAME NAME 325 SUNSET BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FROSTPROOF FL 33843 CITY-ST-ZIP ☐ Delete TITLE Change Addition Treasurer BACKUS, RE NAME 33 WEST F ST. STREET ADDRESS STREET ADDRESS FROSTPROOF FL 33843 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE Doirector RESPRESS, ERNEST NAME NAME 2175 N. LAKE REEDY BLVD. STREET ADDRESS STREET ADDRESS FROSTPROOF FL 33843 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED