

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 702247 (8)**

1. Corporation Name

**LIONS CLUB OF OAKLAND PARK, INC.**



Principal Place of Business

190 NE 44TH ST  
CLUBHOUSE  
FT LAUDERDALE FL 33334  
US

Mailing Address

560 NE 42 ST  
OAKLAND PARK F 33334  
US

3. Date Incorporated or Qualified  
**04/08/1961**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, JAMES E.  
560 NE 42 ST  
OAKLAND PARK FL 33334**

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 re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☐ Addition

TITLE

D

NAME

**DAVIS, EARL E  
2903 NW 28TH TERR  
FT LAUDERDALE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

P

NAME

**KEITH, WILLIAM  
3427 NW 34TH ST  
LAUDERDALE LAKES FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

J

NAME

**JOHNSON, JAMES  
331 NE 42ND CT  
OAKLAND PARK FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

**KEITH, SCOTTIE  
3427 NW 34TH ST  
LAUDERDALE LAKES FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

S

NAME

**BARRETT, JOHN  
4571 NE 3RD AVE  
FT LAUDERDALE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

**CARPENTER, KENNETH  
601 NE 34TH ST  
FT LAUDERDALE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **James E. Johnson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

523-96 (991) 566-2399

Date

Daytime Phone #

CR2E037 (12/95)