FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703573 (6)

1. Corporation Name
NEW PORT RICHEY LIONS CLUB INC

Principal Place of Business	Mailing Address
9227 GLEN MOOR LANE PORT RICHEY FL 34668	9227 GLEN MOOR LANE PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1962
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-6155132 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

LEE, HOWELL JR.
9227 GLEN MOOR LANE
PRT RCHY FL 34668

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	LEE, HOWELL JR.	1.2 NAME	
STREET ADDRESS	9227 GLEN MOOR LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RCHY, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☒ Change ☐ Addition
NAME	~~PELZ, CHESTER~~	2.2 NAME	P LEE, VILMA
STREET ADDRESS	~~250 NEW YORK AVE~~	2.3 STREET ADDRESS	9227 GLEN MOOR LANE
CITY-ST-ZIP	~~DUNEDIN FL~~	2.4 CITY-ST-ZIP	PORT RICHEY, FL
TITLE	V	3.1 TITLE	☐ Change ☒ Addition
NAME	~~LEE, VILMA~~	3.2 NAME	V PELZ, ELMA
STREET ADDRESS	~~9227 GLEN MOOR LANE~~	3.3 STREET ADDRESS	250 NEW YORK AVE
CITY-ST-ZIP	~~PORT RICHEY FL~~	3.4 CITY-ST-ZIP	DUNEDIN, FL
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GRUBE, ELEANOR	4.2 NAME	
STREET ADDRESS	9211 REGENCY PARK BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	NEUMANN, GAIL	5.2 NAME	
STREET ADDRESS	13301 FORESTDALE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	FAULL, JEAN	6.2 NAME	
STREET ADDRESS	8601 MILL CREEK LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL	6.4 CITY-ST-ZIP	

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)(i), 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: _____ April 24, 1995 (813) 842-8554
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0017564