

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 # 703573 (6)

1. Corporation Name

NEW PORT RICHEY LIONS CLUB INC



Principal Place of Business

**9227 GLEN MOOR LANE
PORT RICHEY FL 34668**

Mailing Address

**9227 GLEN MOOR LANE
PORT RICHEY FL 34668**

3. Date Incorporated or Qualified
02/08/1962

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-6155132

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fees Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ST** ☐ DELETE
NAME **LEE, HOWELL JR.**
STREET ADDRESS **9227 GLEN MOOR LANE**
CITY-ST-ZIP **PORT RCHY, FL 00000**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **P** ☒ DELETE
NAME **LEE, VILMA**
STREET ADDRESS **9227 GLEN MOOR LANE**
CITY-ST-ZIP **PORT RICHEY FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **PELZ, ELMA**
2.3 STREET ADDRESS **250 NEW YORK AVE**
2.4 CITY-ST-ZIP **DUNEDIN, FL**

TITLE **V** ☒ DELETE
NAME **PELZ, ELMA**
STREET ADDRESS **250 NEW YORK AVE.**
CITY-ST-ZIP **DUNEDIN FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **FAULL, JEAN**
3.3 STREET ADDRESS **8601 MILL CREEK LANE**
3.4 CITY-ST-ZIP **BAYONET POINT, FL**

TITLE **D** ☐ DELETE
NAME **GRUBE, ELEANOR**
STREET ADDRESS **9211 REGENCY PARK BLVD**
CITY-ST-ZIP **PORT RICHEY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **NEUMANN, GAIL**
STREET ADDRESS **13301 FORESTDALE DRIVE**
CITY-ST-ZIP **HUDSON FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **FAULL, JEAN**
STREET ADDRESS **8601 MILL CREEK LANE**
CITY-ST-ZIP **BAYONET POINT FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **PELZ, CHESTER**
6.3 STREET ADDRESS **250 NEW YORK AVE**
6.4 CITY-ST-ZIP **DUNEDIN, FL**

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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/26/96** 815-842-8554

CR2E037 (12/95)