

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 34668-49113. Date Incorporated or Qualified
02/08/19623a. Date of Last Report
05/01/19964. FEI Number
59-6155132Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. 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

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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 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

TITLE	ST	<input type="checkbox"/> DELETE
NAME	LEE, HOWELL JR.	
STREET ADDRESS	9227 GLEN MOOR LANE	
CITY - ST - ZIP	PORT RCHY, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PELZ, ELMA	
STREET ADDRESS	250 NEW YORK AVE	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FAUL, JEAN	
STREET ADDRESS	8801 MILL CREEK LANE	
CITY - ST - ZIP	BAYONET POINT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRUBE, ELEANOR	
STREET ADDRESS	9211 REGENCY PARK BLVD	
CITY - ST - ZIP	PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEUMANN, GAIL	
STREET ADDRESS	13301 FORESTDALE DRIVE	
CITY - ST - ZIP	HUDSON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PELZ, CHESTER	
STREET ADDRESS	250 NEW YORK AVE	
CITY - ST - ZIP	DUNEDIN FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VILMA LEE
2.3 STREET ADDRESS	9227 GLEN MOOR LANE
2.4 CITY - ST - ZIP	PORT RICHEY, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARY LITTLE
3.3 STREET ADDRESS	7660 ROHUNA DR.
3.4 CITY - ST - ZIP	NEW PORT RICHEY, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MELODIE HAND
4.3 STREET ADDRESS	10924 ECHO LOOP DR.
4.4 CITY - ST - ZIP	NEW PORT RICHEY, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MARY GRAY
6.3 STREET ADDRESS	134 MELODY LANE
6.4 CITY - ST - ZIP	TARPON SPRINGS, FL

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/97

(813) 842-8554

Daytime Phone # 0066336

CR2E037 (9/96)