

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 30 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705154 (3)
 1. Corporation Name
PIERSON LIONS CLUB, INC.



Principal Place of Business 143 W. FIRST AVE. PIERSON FL 32180 US	Mailing Address P.O. BOX 525 PIERSON FL 32180
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3. Date Incorporated or Qualified 02/04/1963		
4. FEI Number 59-6170073	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CURRY, JACK A.
500 MINSHAW ROAD
PIERSON FL 32180

10. Name and Address of New Registered Agent
 81 Name **Kevin Stone**
 82 Street Address (P.O. Box Number is Not Acceptable)
665 Bennett Rd
 83
 84 City **Pierson** FL 85 Zip Code **32180**

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 **Kevin Stone / Secretary** *Kevin Stone* DATE **7/23/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	HICKOX, RONALD	
STREET ADDRESS	698 VANNOTE RD.	
CITY-ST-ZIP	PIERSON FL 32180	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REED, WILLIAM	
STREET ADDRESS	1115 BLACKBURN RD.	
CITY-ST-ZIP	PIERSON FL 32180	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRADDOCK, JAMES	
STREET ADDRESS	678 VANNOTE RD.	
CITY-ST-ZIP	PIERSON FL 32180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, BILLY	
STREET ADDRESS	235 TURNER ROAD	
CITY-ST-ZIP	PIERSON FL 32180	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	STONE, ROBERT	
STREET ADDRESS	807 S. CR 3	
CITY-ST-ZIP	PIERSON FL 32180	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HARTLEY, RICHARD	
STREET ADDRESS	202 S. CENTER ST.	
CITY-ST-ZIP	PIERSON FL 32180	

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ERIC Price
2.3 STREET ADDRESS	435 Raulerson Rd
2.4 CITY-ST-ZIP	Seville, FL 32190
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Robert Stone* / **Robert Stone** DATE **7/23/98** 904-749-2122
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (5/98)