

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 705154

1. Corporation Name

PIERSON LIONS CLUB, INC.

Princ	upa	ii Pla	ice	Of E	dusi
143	W.	FIRS	T	WE.	
PIE	เรด	N FI	32	180	

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

P.O. BOX 525 PIERSON FL 32180

2a. Mailing Address

Suite, Apt. #, etc.

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FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90212 046 ****70.00



Applied For

Date Incorporated or Qualifed 02/04/1963

4. FEI Number

22		27			59-6170073	_	Not	Applicable	
City & State					E Cartifactor of Status Danierd	√	\$8.75 A	ditional	
23	28				5. Certifcate of Status Desired	K	Fee Rec	uired	
Zip	Country Zip				6. Election Campaign Financing		\$5.00	vlav Be	
24	25 29 30			Trust Fund Contribution			Added to Fees		
	9. Name and Address of Current				10. Name and Address of New	Registered /	Agent		
			81	Name	VEVIN STANF				
STONE K	EVIS		82	Ctroot /	Address (P.O. Box Number is Not Accept	abla)	<u> </u>		
STONE, KEVIS 665 BENNETT RD			62		Address (P.O. Box Number is Not Accept	aule)			
PIERSON FL 32180			83		<u> </u>		•		
FIERSON	FL 32100						 		
			84	City	PIEDSON	FL	85 Zip C	සී ව	
11 Dureuant t	to the provisions of Sections 617 0502	2 and 617 1508 Florida Statutes	the above	-named (corporation submits this statement for the	purpose of	changing its r	egistered	
office or re	egistered agent, or both, in the State o	of Florida. Such change was autho	onzed by	the coma	oration's board of directors. I hereby acce	pt the appoir	itment as reg	istered	
agent. I ar	m familiar with, and accept the obligati	ions of, Section 617.0503, Florida	Statutes.	•					
SIGNATURE	Signature, typed or printed name of registered agent	and this if applicable (NOTE: Day	none herefair	t sionsture ~	equired when reinstating)	DATE		1	
12.	OFFICERS ANI		13.	Lagracia	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12	
TITLE	S	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	HICKOX, RONALD	_	1.2 NAME					1	
STREET ADDRESS	696 VANNOTE RD.		1.3 STREET	ADDRESS				Ì	
	PIERSON FL 32180		1.4 CITY-ST						
CITY-ST-ZIP	TENSON FE SZ 180	☐ DELETE	2.1 TITLE	-211			Change	Addition	
TITLE	DDICE EDIC	C December	2.2 NAME					_	
NAME	PRICE, ERIC								
STREET ADDRESS	435 RAULERSON RD		2.3 STREET						
CITY-ST-ZIP	SEVILLE FL 32190	□ DELETE	2.4 CITY-S	1-ZIP			Change	Addition	
TITLE }	 	C DECEIE	3.1 TITLE	j					
NAME	BRADDOCK, JAMES		3.2 NAME					-	
STREET ADDRESS	678 VANNOTE RD.		3.3 STREET						
CITY-ST-ZIP	PIERSON FL 32180	[7]	3.4. CITY-S	T-ZIP			Change	Addition	
шт	D	[]] DELETE	4.1 TITLE				☐ Change	Addition	
NAME	CARTER, BILLY		4.2 NAME						
STREET ADDRESS	235 TURNER ROAD		4.3 STREET	ADDRESS					
CITY-ST-ZIP	PIERSON FL 32180		4.4 CITY-ST	r-ZIP					
TITLE	DC (CC)	☐ DELETE	5.1 TITLE				Change	Addition	
NAME	STONE, ROBERT		5.2 NAME					į	
STREET ADDRESS	807 S. CR 3		5.3 STREET	ADDRESS				ľ	
CITY-ST-ZIP	PIERSON FL 32180		5.4 CITY-S	T- ZIP					
TITLE	P	☐ DELETE	6.1 TITLE	\Box			Change	Addition	
NAME	HARTLEY, RICHARD		6.2 NAME					j	
STREET ADDRESS			6.3 STREET	ADDRESS				j	
CITY-ST-ZIP	PIERSON FL 32180		6.4 C/TY-S						
14. I hereby c	ertify that the information supplied wit	h this filing does not qualify for the	e exempti	on stated	in Section 119.07(3)(i), Florida Statutes.	I further cen	tify that the in	formation	

4. 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, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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