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

FILED
95 JAN 25 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705916 (5)

1. Corporation Name
LIONS CLUB OF ST CLOUD FLORIDA INC

Principal Place of Business	Mailing Address
820 FLORIDA AVE. ST. CLOUD FL 34769	820 FLORIDA AVE. ST. CLOUD FL 34769

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1963
3a. Date of Last Report: 01/21/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 554 BROWN CHAPLE RD.	26 P.O. BOX 700001
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ST CLOUD, FLORIDA	City & State 28 ST CLOUD, FLORIDA
Zip 24 34769 Country 25 U.S.A.	Zip 29 34770-0001 Country 30 U.S.A.

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

9. Name and Address of Current Registered Agent

FRANK, HEDGECOCK
820 FLORIDA AVE
ST CLOUD FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HENSCHEN, JOE	1.2 NAME	
STREET ADDRESS	800 GRAPE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34769	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DETRICH, HOWARD	2.2 NAME	
STREET ADDRESS	4201 HAMILTON COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34769	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	YEASEL, HARRY	3.2 NAME	
STREET ADDRESS	5450 ALLIGATOR LAKE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34769	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	HEDGECOCK, FRANK	4.2 NAME	
STREET ADDRESS	820 FLORIDA AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34769	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	FISK, ROBERT	5.2 NAME	
STREET ADDRESS	201 VIRGINIA AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34769	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	RENNEKER, JAMES	6.2 NAME	
STREET ADDRESS	1525 TENNESSEE AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34769	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: Frank Hedgecock FRANK HEDGECOCK 1/17/95 407-892-7482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000388