

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1. Corporation Name LIONS CLUB OF ST. CLOUD, FLORIDA, INC.	705916
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Principal Place of Business 820 Florida Ave. St. Cloud, FL 34769	Mailing Address 820 Florida Ave. St. Cloud, FL 34769
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2. Principal Place of Business 21 34 Brown Chapel Rd. Suite, Apt. #, etc. 22 St. Cloud, FL 34769 City & State 23 34769 Zip 24 Osceola Country	2a. Mailing Address 26 820 Florida Ave. Suite, Apt. #, etc. 27 St. Cloud, FL 34769 City & State 28 34769 Zip 29 Osceola Country	3. Date Incorporated or Qualified 07/18/1963 3a. Date of Last Report 1/96 4. FEI Number Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee 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
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9. Name and Address of Current Registered Agent Frank Hedgecock 820 Florida Ave. St. Cloud, FL 34769	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
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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 _____ (Signature typed or printed name of registered agent and fee if applicable) (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>HENSCHEN, Joe</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>800 Grape Ave.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>St. Cloud, FL 34769</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>DIETRICH, Howard</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4201 Hamilton Court</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>St. Cloud, FL 34769</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>YEASEL, Harry</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5450 Alligator Lake Rd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>St. Cloud, FL 34769</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>HEDGECK, Frank</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>820 Florida Ave.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>St. Cloud, FL 34769</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>FISK, Robert</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 Virginia Ave.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>St. Cloud, FL 34769</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>RENNEKER, James</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1535 Tennessee Ave.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>St. Cloud, FL 34769</td> <td></td> </tr> </table>	TITLE	P	☐ DELETE	NAME	HENSCHEN, Joe		STREET ADDRESS	800 Grape Ave.		CITY-ST-ZIP	St. Cloud, FL 34769		TITLE		☐ DELETE	NAME	DIETRICH, Howard		STREET ADDRESS	4201 Hamilton Court		CITY-ST-ZIP	St. Cloud, FL 34769		TITLE	D	☐ DELETE	NAME	YEASEL, Harry		STREET ADDRESS	5450 Alligator Lake Rd.		CITY-ST-ZIP	St. Cloud, FL 34769		TITLE	T	☐ DELETE	NAME	HEDGECK, Frank		STREET ADDRESS	820 Florida Ave.		CITY-ST-ZIP	St. Cloud, FL 34769		TITLE	D	☐ DELETE	NAME	FISK, Robert		STREET ADDRESS	201 Virginia Ave.		CITY-ST-ZIP	St. Cloud, FL 34769		TITLE	D	☐ DELETE	NAME	RENNEKER, James		STREET ADDRESS	1535 Tennessee Ave.		CITY-ST-ZIP	St. Cloud, FL 34769		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>11 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>12 NAME</td> <td></td> </tr> <tr> <td>13 STREET ADDRESS</td> <td></td> </tr> <tr> <td>14 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>21 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>22 NAME</td> <td></td> </tr> <tr> <td>23 STREET ADDRESS</td> <td></td> </tr> <tr> <td>24 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>31 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>32 NAME</td> <td></td> </tr> <tr> <td>33 STREET ADDRESS</td> <td></td> </tr> <tr> <td>34 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>41 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>42 NAME</td> <td></td> </tr> <tr> <td>43 STREET ADDRESS</td> <td></td> </tr> <tr> <td>44 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>51 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>52 NAME</td> <td></td> </tr> <tr> <td>53 STREET ADDRESS</td> <td></td> </tr> <tr> <td>54 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>61 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>62 NAME</td> <td></td> </tr> <tr> <td>63 STREET ADDRESS</td> <td></td> </tr> <tr> <td>64 CITY-ST-ZIP</td> <td></td> </tr> </table>	11 TITLE	☐ Change ☐ Addition	12 NAME		13 STREET ADDRESS		14 CITY-ST-ZIP		21 TITLE	☐ Change ☐ Addition	22 NAME		23 STREET ADDRESS		24 CITY-ST-ZIP		31 TITLE	☐ Change ☐ Addition	32 NAME		33 STREET ADDRESS		34 CITY-ST-ZIP		41 TITLE	☐ Change ☐ Addition	42 NAME		43 STREET ADDRESS		44 CITY-ST-ZIP		51 TITLE	☐ Change ☐ Addition	52 NAME		53 STREET ADDRESS		54 CITY-ST-ZIP		61 TITLE	☐ Change ☐ Addition	62 NAME		63 STREET ADDRESS		64 CITY-ST-ZIP	
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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 607, 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 HEDGECK** **4/24/97** **407-872-7482**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)