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Feb 02 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 # **705916** (5)

1. Corporation Name

LIONS CLUB OF ST CLOUD FLORIDA INC

Principal Place of Business

**34 BROWN CHAPEL RD
ST. CLOUD FL 34769
US**

Mailing Address

**820 FLORIDA AVE
ST CLOUD FL 34769
US**

3. Date Incorporated or Qualified

07/18/1963

4. FEI Number

NOT APPLICABLE

Applied For

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**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANK, HEDGECOCK
820 FLORIDA AVE
ST CLOUD FL**

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 **P** ☐ DELETE

NAME **HENSCHEN, JOE**
STREET ADDRESS **800 GRAPE AVENUE**
CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE **D** ☐ 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 ROAD**
CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE **T** ☐ DELETE

NAME **HEDGECOCK, FRANK**
STREET ADDRESS **820 FLORIDA AVENUE**
CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE **D** ☐ DELETE

NAME **FISK, ROBERT**
STREET ADDRESS **201 VIRGINIA AVENUE**
CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE **D** ☐ DELETE

NAME **RENNEKER, JAMES**
STREET ADDRESS **1535 TENNESSEE AVENUE**
CITY-ST-ZIP **ST. CLOUD FL 34769**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **Frank Hedgecock** **FRANK HEDGECOCK**

1/4/98

CR2E037 (10/97)