NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

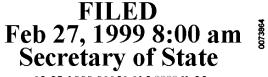
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 705916

1. Corporation Name

LIONS CLUB OF ST CLOUD FLORIDA INC



02-27-1999 90050 015 ****61.25

						ł			
Principal Place of Business Mailing Address									
34 BROWN CHAPEL RD 820 FLORIDA AVE								RII EIRII AIRII A	ien eien izen
ST. CLOUD FI	L 34769	ST CLOUD FL 34769							
US US							i ikulit ikult untat mitta taldı tıbın deli denit at	AIE 81851 P1811 A1	inti minit inki
,			3	Date Incorporated or Qualifed					
	lace of Business	2a. Mailing Address				07/18/1963			
21	M. C.	26	Cuito Ant # ato			4. FEI Number Applied For			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			7.	NOT APPLICABLE		t Applicable
22		27					HOT FILL ELONDER	\$8.75	
City & State	e	City & State				5.	Certifcate of Status Desired	Fee Re	
23	Country	28	Cou	ntry		_	Sheeting Compaign Singuism		
Zip	Country	⊢ '	_	iiu y		D.	Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	, ,
24	25	11	30			10.	Name and Address of New Registered		1000
	9. Name and Address of Current	Kedisteren Warit		81	Name		realité dire Addition de l'étaite de		
FRANK, HEDGECOCK				82	Street Address (P.O. Box Number is Not Acceptable)				•
820 FLORIDA AVE				83					
ST CLOU	D FL			63					}
				84	City			85 Zip (Code
							FL	-	intoned
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.									gistered
	Trianima with, and accept the congue								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agen	t signature required v				
12.	OFFICERS AND	DIRECTORS	13.			/	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELETE	1.5 TD	ŢΕ				Change	Addition
NAME	HENSCHEN, JOE		1.2 NA	WE					
STREET ADDRESS	880 CORAMENAMENUE 4200	Hamilton Ct.	1.3 ST	REET	ADDRESS				1
CITY-ST-ZIP	ST CLOUD FL 34769		1.4 CF	1.4 CITY-ST-ZIP				<u> </u>	
TITLE	D	☐ DELETE 2.1		2.1 TITLE				Change	☐ Addition
NAME	DIETRICH, HOWARD		2.2 NA	2.2 NAME				_	
STREET ADDRESS	4201 HAMILTON COURT		2.3 ST	3 STREET ADDRESS					
CITY-ST-ZIP	ST CLOUD FL 34769		2. 4 CI	4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	3.1 TIT	LE				☐ Change	☐ Addition
NAME	YEASEL, HARRY 32		3.2 NA	3.2 NAME					
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS					
CITY-ST-ZIP	CT C. C. S. S. S. C. C. C.		3.4. CI	3.4. CITY-ST-ZIP					
TITLE	DELETE 4.1 T		4.1 TII	TLE .				Change	☐ Addition
NAME.	HEDGECOCK, FRANK	HEDGECOCK, FRANK 4.21		. 2 NAME					-
STREET ADDRESS	820 FLORIDA AVENUE		4.3 STRF		ADDRESS				
CITY-ST-ZIP	ST CLOUD FL 34769		4.4 CITY-		r-ZiP				
TITLE	D	☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME	FISK, ROBERT		5.2 NA	ME					
STREET ADDRESS	201 VIRGINIA AVENUE		5.3 ST	REET	ADDRESS				
CITY-ST-ZIP	_		5.4 CF	CFTY-ST-ZIP					
TITLE			6.1 TII					☐ Change	☐ Addition
NAME	d Renneker, James		6.2 NA	ME					
OTREET ADDRESS	1535 TENNESSEE AVENUE		6.3 ST	REET	ADDRESS				

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 suppliemental 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.

6.4 CITY-ST-ZIP

ST. CLOUD FL 34769