2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: Robert A. Fisk, Secretary

Feb 26, 2004 8:00 am Secretary of State **DOCUMENT # 705916** 1. Entity Name 02-26-2004 90009 011 ****61 25 LIONS CLUB OF ST CLOUD FLORIDA INC Principal Place of Business Mailing Address 34 BROWN CHAPEL RD ST. CLOUD FL 34769 US 201 VIRGINIA AVENUE ST CLOUD FL 34769-2435 24012163 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FISK, ROBERT A 201 VIRGINIA AVE Street Address (P.O. Box Number is Not Acceptable) ST. CLOUD FL 34769-2435 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Robert A. Fisk, Secretar Stonature, typed or printed name of registered agent and title if annicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition HENSCHEN, JOSEPH NAME NAME 4200 HAMILTON CT STREET ADDRESS STREET ADDRESS SAINT CLOUD FL 34769 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition FISK, ROBERT A NAME MAME 201 VIRGINIA AVENUE STREET ADDRESS STREET ADDRESS ST CLOUD FL 34769 CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition HEDGECOCK FRANK DIETRICH: HOWARD E NAME NAME 4201 HAMILTON COURT 820 Florida Ave. STREET ADDRESS STREET ADDRESS ST CLOUD FL 34769 St. Cloud, FL 34769 CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE HEDGECOCK, FRANK DIETRICH, HOWARD NAME NAME 820 FLORIDA AVE 4201 Hamilton Court STREET ADDRESS STREET ADDRESS ST. CLOUD FL 34769 CITY-ST-ZIP CITY-ST-ZIP St. Cloud, FL 34769 TITLE ☐ Delete TITLE Change ☐ Addition YEASEL, HARRY NAME 5450 ALLIGATOR LAKE RD STREET ADDRESS STREET ADDRESS SAINT CLOUD FL 34772 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 \$17. Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Date

Daytime Phone #