

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705993 (4)

1. Corporation Name

NORTH FORT MYERS LIONS CIVIC CORPORATION, INC.

Principal Place of Business

Mailing Address

~~1100 N. W. 10th St.~~
~~1100 N. W. 10th St.~~
~~1100 N. W. 10th St.~~
~~1100 N. W. 10th St.~~
~~1100 N. W. 10th St.~~

N. F. M. L. C. C., INC.
P O BOX 3036
NORTH FORT MYERS FL 33917
US

3. Date Incorporated or Qualified
08/06/1963

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 V.I.P. CENTER, INC.

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 35 W. Mariana Ave.

City & State

27 City & State

23 North Fort Myers, Fl.

Zip

Country

28 Zip

Country

24 33903

25 USA

29

30

4. FEI Number
59-6153142

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIS, GARLICK
1260 PONDELLA CIRCLE
NORTH FT MYERS FL 33903

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 Morris L. Garlick

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

February 27, 1996

DATE

12. OFFICERS AND DIRECTORS

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
STREET ADDRESS GREGOR, FRANCIS
CITY-ST-ZIP 2213 S.E. 2ND TERRACE
CAPE CORAL FL

TITLE ☐ DELETE
NAME SD
STREET ADDRESS GARLICK, MORRIS
CITY-ST-ZIP 1260 PONDELLA CIRCLE
NORTH FORT MYERS FL 33903

TITLE ☐ DELETE
NAME TD
STREET ADDRESS BALLARD WILLIAM
CITY-ST-ZIP 1925 HOWE COURT
N. FT. MYERS FL

TITLE ☒ DELETE
NAME D
STREET ADDRESS JOHNSON, JACK
CITY-ST-ZIP 1608 N.W. BARRACAS AVENUE
BONHEAVURE FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS NORMAN, FRED
CITY-ST-ZIP 15358 CIRCLE DRIVE
PUNTA GORDA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition
1. NAME
1. STREET ADDRESS
1. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
2. STREET ADDRESS
2. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP

4. TITLE ☒ Change ☐ Addition
4. NAME A.W. Panetteiri
4. STREET ADDRESS 1214 Pondella Cr.
4. CITY-ST-ZIP North Fort Myers, Fl. 33903

5. TITLE ☐ Change ☐ Addition
5. NAME D
5. STREET ADDRESS
5. CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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: Morris L. Garlick February 27, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)