FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:23

DOCUMENT # **712808** **(5)**

1. Corporation Name
THE FLORAL CITY LIONS CLUB, INC.

Principal Place of Business	Mailing Address
SOUTH HIGHWAY 41 P.O. BOX 4 FLORAL CITY FL 32636	SOUTH HIGHWAY 41 P.O. BOX 4 FLORAL CITY FL 32636

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1967
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2919379 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 Floral City Fl.	2a. Mailing Address 26 305 So Main St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 PO # 0004
City & State 23	City & State 28 Floral City Fl.
Zip / Country 24 / 25	Zip / Country 29 34436 / 30 U.S

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. Nonprofit with IRS 601(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROGER P. CLARK
8855 E. WHALEN LANE
FLORAL CITY FL 34436

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) Same
83
84 City FL 85 Zip Code

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 Roger Clark Treasurer Roger Clark 3-22-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☑ Change ☐ Addition
NAME	HERB KEESLING	12 NAME	Brad Cleveland
STREET ADDRESS	6865 SO. BAKER AVE.	13 STREET ADDRESS	7450 So. Key Terrace
CITY-ST-ZIP	FLORAL CITY FL 34436	14 CITY ST ZIP	Floral City Fl 34436
TITLE	SD	21 TITLE	SD ☑ Change ☐ Addition
NAME	CONNIE KINSEY	22 NAME	Joseph Ladogana
STREET ADDRESS	TURNER CAMP RD.	23 STREET ADDRESS	3500 E. Keeting Park Str # 339
CITY ST ZIP	FLORAL CIYT FL 34436	24 CITY ST ZIP	Floral City Fl. 34436
TITLE	TD	31 TITLE	T.D. ☐ Change ☐ Addition
NAME	ROGER CLARK	32 NAME	
STREET ADDRESS	8855 E. WHALEN LANE	33 STREET ADDRESS	Same
CITY ST ZIP	FLORAL CITY FL 34436	34 CITY ST ZIP	
TITLE	D	41 TITLE	D ☐ Change ☐ Addition
NAME	ROGER JANKOWSKI	42 NAME	
STREET ADDRESS	7200 BAKER STREET	43 STREET ADDRESS	Same
CITY ST ZIP	FLORAL CITY FL 34436	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Roger Clark Roger Clark 3-22-95 1-904-637-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #