

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 # 712808 (5)

1. Corporation Name

THE FLORAL CITY LIONS CLUB, INC.



Principal Place of Business

SOUTH HIGHWAY 41
P.O. BOX 4
FLORAL CITY FL 32636

Mailing Address

305 S MAIN ST
PO BOX 0004
FLORAL CITY FL 32636
US

3. Date Incorporated or Qualified
05/25/1967

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
59-2919379

Applied For
☒ 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

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

10. Name and Address of New Registered Agent

81 Name HERBERT E. KEESLING
82 Street Address (P.O. Box Number is Not Acceptable)
6865 SO. BAKER AVE.
83
84 City FLORAL CITY FL 85 Zip Code 34436

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

HERBERT E. KEESLING

(NOTE: Registered agent signature required when reinstating)

1-30-96
DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME CLEVELAND, BRAD
STREET ADDRESS 7450 S ROY TERR
CITY-ST-ZIP FLORAL CITY FL ☒ DELETE

TITLE SD
NAME LADOGANA, JOSEPH
STREET ADDRESS 8500 E. KEETING PARK ST. #339
CITY-ST-ZIP FLORAL CITY FL ☐ DELETE

TITLE TD
NAME ROGER CLARK
STREET ADDRESS 8855 E. WHALEN LANE
CITY-ST-ZIP FLORAL CITY FL 34436 ☒ DELETE

TITLE D
NAME ROGER JANKOWSKI
STREET ADDRESS 7200 BAKER STREET
CITY-ST-ZIP FLORAL CITY FL 34436 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME DENISE JONES
1.3 STREET ADDRESS PO. BOX 713
1.4 CITY-ST-ZIP FLORAL CITY FL. 34436 ☐ Change ☒ Addition

2.1 TITLE SD ☐ Change ☒ Addition
2.2 NAME JOSEPH LADOGANA
2.3 STREET ADDRESS 8500 E. KEETING PARK ST. #339
2.4 CITY-ST-ZIP FLORAL CITY FL. 34436

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME HERBERT E. KEESLING
3.3 STREET ADDRESS 6865 SO. BAKER AVE.
3.4 CITY-ST-ZIP FLORAL CITY FL. 34436

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME ROGER JANKOWSKI
4.3 STREET ADDRESS 7200 BAKER STREET
4.4 CITY-ST-ZIP FLORAL CITY FL. 34436

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 000001738220
5.4 CITY-ST-ZIP -03/11/96--01010--006 ☐ Change ☐ Addition

6.1 TITLE ***61.25 ☐ 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: HERBERT E. KEESLING Herbert E. Keesling

1-30-96 904-344-5666
Date Daytime Phone #

CR2E037 (12/95)