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Jan 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

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

305 S MAIN ST
PO BOX 0004
FLORAL CITY FL 34436-0004
US

3. Date Incorporated or Qualified
05/25/1967

3a. Date of Last Report
03/08/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2919379

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

KEESLING, HERBERT E
6865 SO. BAKER AVE.
FLORAL CITY FL 34436

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

Signature, typed or printed name of registered agent and true 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 ☐ DELETE
NAME JONES, DENISE
STREET ADDRESS P.O. BOX 713
CITY-ST-ZIP FLORAL CITY FL 34436

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME ROGER CLARK
1.3 STREET ADDRESS 8865 E. WHALEN LANE
1.4 CITY-ST-ZIP FLORAL CITY FL 34436

TITLE SD ☐ DELETE
NAME LADOGANA, JOSEPH
STREET ADDRESS 8500 E. KEETING PARK ST. #339
CITY-ST-ZIP FLORAL CITY FL 34436

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

TITLE TD ☐ DELETE
NAME KEESLING, HERBERT E
STREET ADDRESS 6865 SO. BAKER AVE.
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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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: *Herbert E. Keesling* HERBERT E. KEESLING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97

352-344-6666
Daytime Phone # 0065123

CR2E037 (9/96)