

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90002 032 \*\*\*\*61.25

0069768

DOCUMENT # 712808

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



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

3. Date Incorporated or Qualified

05/25/1967

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 HERBERT E. KEESLING

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

(NOTE) Registered Agent signature required when registering

1-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME RINGWOOD, BETTIE  
STREET ADDRESS P O BOX 707  
CITY-ST-ZIP FLORAL CITY FL 34436 ☒ DELETE

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

TITLE TD  
NAME KEESLING, HERBERT E  
STREET ADDRESS 6865 SO. BAKER AVE.  
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 LADOGANA, JOSEPH  
1.3 STREET ADDRESS 8500 E. KEETING PARK ST. #339  
1.4 CITY-ST-ZIP FLORAL CITY FL. 34436

2.1 TITLE SD ☐ Change ☒ Addition  
2.2 NAME CLEVELAND BRAD  
2.3 STREET ADDRESS 7450 S. ROY TERR.  
2.4 CITY-ST-ZIP FLORAL CITY, FL. 34436

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: HERBERT E. KEESLING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)