

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  
Jul 13, 2000 8:00 am  
Secretary of State

07-13-2000 90019 008 \*\*\*\*61.25

DOCUMENT # 714683

1. Corporation Name

SPRINGFIELD LIONS CLUB HOLDING CORPORATION, INC.

Principal Place of Business

18 EAST 21ST STREET  
JACKSONVILLE FL 32206

Mailing Address

18 EAST 21ST STREET  
JACKSONVILLE FL 32206



2. Principal Place of Business

21 SAME AS ABOVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME AS ABOVE  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/29/1968

4. FEI Number

71-4783260

Applied For

Not Applicable

22 City & State

23 Zip Country

24 25

27 City & State

28 Zip Country

29 30

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

ROWLAND, RAY  
4147 SPRING PARK CIRCLE  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name FRED JONES

82 Street Address (P.O. Box Number is Not Acceptable)  
5137 118TH STREET

83

84 City JACKSONVILLE

FL

85 Zip Code 32244

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

FRED JONES

7-08-2000  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	THOMAS, GEORGE W.	409-A CLEVELAND AVE.	ORANGE PK FL	<input type="checkbox"/>
TD	ROWLAND, RAY	4147 SPRING PARK CIR.	JACKSONVILLE FL 32207	<input checked="" type="checkbox"/>
PD	JONES, FRED	3383 MABRY TER	JACKSONVILLE FL	<input type="checkbox"/>
SD	TOMKO, STEVE	2461 WARFIELD AVE	JACKSONVILLE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Fred Jones* SIGNATURE REQUIRED: FRED JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-08-2000  
Date

772-8805  
Daytime Phone #

WK# OR 786-3218

CR2E037 (1/1/8)