FILE NOW: FILING FEE IS $61.25

FILED
Feb 07 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 # 719618 (1)

1. Corporation Name
SEBRING LIONS CLUB, INC.

Principal Place of Business	Mailing Address
1200 FAIRMONT DR SEBRING FL 33870	1200 FAIRMONT DR SEBRING FL 33870-1615

3. Date Incorporated or Qualified: 11/02/1970
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1828602 ☐ 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

MORALES, CARLOS M.
2127 SPARROW AVENUE
SEBRING FL 33872

10. Name and Address of New Registered Agent

81 Name: MORALES, Carlos M.
82 Street Address (P.O. Box Number is Not Acceptable): 4607 CADAQUA Dr.
83
84 City: Sebring FL 85 Zip Code: 33 872-2330

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: C. Morales
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	TD	☒ DELETE	1.1 TITLE	PD.	☐ Change ☐ Addition
NAME	MORALES, CARLOS		1.2 NAME	CARLOS MORALES	
STREET ADDRESS	2127 SPARROW ST		1.3 STREET ADDRESS	4607 CADAQUA DR.	
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP	SEBRING, FL. 33872-2330	
TITLE	SD	☒ DELETE	2.1 TITLE	PPD.	☐ Change ☐ Addition
NAME	PICKLES, SPENCER H.		2.2 NAME	ROBERT SCIGLIANO	
STREET ADDRESS	1614 SHAMROCK DR.		2.3 STREET ADDRESS	4220 HERALDO AVE.	
CITY-ST-ZIP	SEBRING FL		2.4 CITY-ST-ZIP	SEBRING, FL. 33872	
TITLE	VP	☒ DELETE	3.1 TITLE	TD.	☐ Change ☐ Addition
NAME	SCHROEDER, LOIS		3.2 NAME	GILBERT SCHMIDT	
STREET ADDRESS	542 POMEGRANATE LOT #6		3.3 STREET ADDRESS	3318 SUNBIRD CIRCLE	
CITY-ST-ZIP	SEBRING FL		3.4 CITY-ST-ZIP	SEBRING, FL. 33870	
TITLE	PD	☒ DELETE	4.1 TITLE	SEC	☐ Change ☐ Addition
NAME	SCAGLIANO, ROBERT		4.2 NAME	LOIS SCHROEDER	
STREET ADDRESS	4229 HERALDO AVE		4.3 STREET ADDRESS	1726 JERI KAYE LANE	
CITY-ST-ZIP	SEBRING FL		4.4 CITY-ST-ZIP	SEBRING, FLORIDA 33870	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: C. Morales REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #