## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

720405

(0)

## FORT MEADE LIONS CLUB, INCORPORATED

| Zo Courte  | 3a. Date of Last Report 03/10/1995  Applied For Not Applicable \$8.75 Additional Fee Required |
|--|---|
| 2. Principal Place of Business   2a. Mailing Address   4. FEI Number   59-6153303     Same   26   Same   59-6153303     Suite. Apt. #, etc   5. Certificate of Status Desired     City & State   City & State   6. Election Campaign Financing     Trust Fund Contribution   7-20   7-20   7-20     Trust Fund Contribution   7-20   7-20     City & State   Contribution   7-20     City & Contribution   7-20     City & Contribution   7-20     City & Contribution   7-20     City & Contributio   | O3/10/1995  Applied For Not Applicable  \$8.75 Additional Fee Required                        |
| Same   26   Same   59-6153303     Suite, Apt. #, etc   Suite, Apt. #, etc.     12   City & State   City & State   City & State   City & State   Trust Fund Contribution     13   Trust Fund Contribution     15   Same   59-6153303     Suite, Apt. #, etc.     5   Certificate of Status Desired     6   Election Campaign Financing     Trust Fund Contribution     7   Co   | Not Applicable  \$8.75 Additional Fee Required  |
| Suite, Apt. #, etc  27  City & State  City & | \$8.75 Additional Fee Required  |
| 27 5. Certificate of Status Desired  City & State City & State 6. Election Campaign Financing Trust Fund Contribution  | Fee Required  |
| 28 Trust Fund Contribution   | ΦΕ 00 · · ·   |
| 70 Contain 7   | \$5.00 May Be<br>Added to Fees  |
|  | ntangible tax under s. 199,032,   |
| 25 USA 29 30 USA Florida Statutes  | Yes No  |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Re   | egistered Agent   |
| GLIENTHER DENNIS NA  |   |
| 610 NASHUA AVE.  82 Street Arktress (P.O. Box Number is Not Acceptable   | 9)  |
| FORT MEADE 33841   |   |
| 84 City  | <b>85</b> 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 purp 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 appoint familiar with, and accept the obligations of Section 617.0503, Florida Statutes  SIGNATURE  DENNIS W. GWENTHER—  | oose of changing its registered office intment as registered agent. I am                      |
| Styriatine, types or perited name of registered agent and itself applicable (NOTE Projectional Agent signature required when renistating)  | DAR   |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICE THE STATE TO THE STATE TO THE STATE STATES TO THE STATE |   |
| NAME GUENTHER, DENNIS 12 NAME  | Change Addition   |
| STREET ADDRESS 610 NASHUA 1 3 STREET ADDRESS   |   |
| CITY-ST-ZIP FORT MEADE FL  |   |
| TILLE P ZATIFLE 21 TIFLE P   | ☐ Change 🙀 Addition   |
| NAME KENDRICKS, EDWARD 22 NAME Frazier, Clayton  |   |
| STREET ADDRESS 1020 NE 9TH ST.  CITY STATE  23 STREET ADDRESS 433 WILLOW Oak Ct.   |   |
| CITY-ST-ZIP FORT MEADE FL 24 CITY-ST-ZIP FORT Meade, Fl. 338   | 841 Addition  |
| NAME PEAVEY, EARNEST 32 NAME   | Cualife   |
| STREET ADDRESS 505 N PERRY AVE. 33 STREET ADDRESS  |   |
| CITY-ST-ZIP FT. MEADE FL 34 CITY-ST ZIP  |   |
| TILLE D DELETE 41 TILLE T  | Change X Addition   |
| NAME STEDEM, MICHAEL 4 2 NAME Gary L. Wilson   |   |
| street Address   1140 lisa lane  | i   |
| CITY-ST-ZIP FURT MEADE FL 44CITY-ST-ZIP Bartow, Florida 33   | 3830 Change Addition  |
| NAME HAVERTY, MILT 52 NAME   | Charge  |
| STREET ADDRESS 620 NE 3RD ST. 53 STREET ADDRESS  |   |
| CITY-ST-ZIP FORT MEADE FL 54 CITY-ST-ZIP   |   |
| TITLE TO SELECTE GITTILE VP  | Change X Addition   |
| NAME BOOMERSHINE, MARIE Douglass Marie   |   |
| STREET ADDRESS 300 S. WASHINGTON LOT /6  | ve lot 76   |
| 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.  | 7(3/(k), Florida Statutes, I further  |

SIGNATURE: \_\_

certify that the information indicated of this a initial report of suppliering it all man and fice and that I am an officer or director of the corporation or the receiver or frustee 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.

GNATURE:

| SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Cab. | Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

1-30-96 (940205-8191