FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

720405

(0)

FORT MEADE LIONS CLUB, INCORPORATED

FILED Mar 10 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address							
227 WEST BROADWAY P O BOX 214 FORT MEADE FL 33841-0214		227 WEST BROADWAY P O BOX 214 FORT MEADE FL 33841-0214		3. Date Incorporated or Qualified 03/03/1971	 				
			•			4. FEI Number 59-6153303	 	Applied For Not Applicable	
2. Principal P	Place of Business	2a. Mailing Address 26				5. Certificate of Status Desired	+	Additional Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State		City & State				7. Is this nonprofit corporation a homeowners association?			
Zip 24	Country 25	Zip 29	Count 30	try		This corporation owes or has paid the corporation owes or has paid the corporation of the part of the corporation of the c	☐ Yes	ntangible No	
	9. Name and Address of Curr	ent Registered Agent		-		10. Name and Address of New Registered	Agent		
STEDEM	I, DAN		L		Name Street Addre	ess (P.O. Box Number Is Not Acceptable)			
1	iatsworth Lane ND FL 33813			3	Stroot Addition	oss (F.O. DOX NUMBER TO NOT ACCOPTABLE)			
Dates)		L	\perp	·				
	10		8		City	FL	_ ' ' '	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 .									
12.	Signature, typed or printed name of registered a	ND DIRECTORS	13.	vgent	signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	DIBECTO	RS IN 12	
TITLE	8	DELETE	1.1 TITLE	 E		7,00 Hotels Frage 10 Strice 10 Fra	Change	Addition	
NAME	Stedem, Dan		1.2 NAME	E			v		
STREET ADDRESS	2876 CHATSWORTH LANE		1.3 STREET ADD		DDRESS				
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY	-\$T-	ZIP				
TITLE	Р	DELETE	2.1 TITLE	Ē			Change	Addition	
NAME	BEHRING, FRITZ		2.2 NAM	E	ľ				
STREET ADDRESS	19 N.E. 3RD STREET		2.3 STRE	ET AL	DDRESS				
CITY-ST-ZIP	FT. MEADE FL		2. 4 CITY		- ZIP				
TITLE	D DEAVEY CADMEST	☐ DELETE	3.1 TITLE				L Change	Addition Addition	
NAME	PEAVEY, EARNEST 505 N PERRY AVE.		3.2 NAME		_ }				
STREET ADDRESS	FT. MEADE FL		3.3 STREI		ľ				
CITY-ST-ZIP	T. MEADE TE	☐ DELETE	3.4. CITY 4.1 TITLE		-ZIP		Change	Addition	
NAME	STHRESHLEY, FITZ		4.2 NAM				CHRING	ROOM(OI)	
STREET ADDRESS	8 CHARLESTON AVENUE N	lı.		-	OUDEGG				
City-St-Zip	FT. MEADE FL 33841		4.3 STREE 4.4 CITY -						
TITLE	D	☐ DELETE	5.1 TITLE		ZIF		Change	Addition	
NAME	HAVERTY, MILT		5.2 NAME						
STREET ADDRESS	620 NE 3RD ST.		5.3 STREE		DDRESS			ı	
CITY-ST-ZIP	FORT MEADE FL		5.4 CITY-						
TITLE	VP	☐ DELETÉ	6.1 TITLE				Change	Addition	
NAME	DOUGLASS, MARIE		6.2 NAME				-	i	
STREET ADDRESS	300 SOUTH WASHINGTON	AVENUE, LOT 76	6.3 STREE		ODRESS				
CITY_ST_7ID	FT. MEADE FL		64 007						

14. Thereby 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 suppliemental 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.