

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720607 (1)**

1. Corporation Name  
**LANTANA LIONS CLUB OF LANTANA, FLORIDA, INC.**



Principal Place of Business <b>1000 BROADWAY P.O. BOX 3941 LANTANA FL 33462</b>	Mailing Address <b>1000 BROADWAY P.O. BOX 3941 LANTANA FL 33462-4438</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/29/1971</b>		3a. Date of Last Report <b>01/29/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-6153316</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FRANK A. KREIDLER 1124 S FEDERAL HWY LAKE WORTH FL 33460</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 FRANK A. KREIDLER DATE 4-3-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERSON, ROBERT	<input type="checkbox"/> DELETE	1.2 NAME		
STREET ADDRESS	3150 N SEACREST BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		1.4 CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LUCE, HERSCHEL		2.2 NAME	S GEORGE L. ARMSTRONG	
STREET ADDRESS	531 MARTHA'S WAY		2.3 STREET ADDRESS	1300 S. BROADWAY	
CITY-ST-ZIP	LANTANA FL		2.4 CITY-ST-ZIP	LANTANA, FLORIDA 33462	
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, RICHARD		3.2 NAME		
STREET ADDRESS	1414 S. 'N' ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEWORTH FL		3.4 CITY-ST-ZIP		
TITLE	FVP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANGLOIS, EDROSE (ED)		4.2 NAME		
STREET ADDRESS	418 NO BROADWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANSEY, CAROL		5.2 NAME		
STREET ADDRESS	3216 ORANGE ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PERSON, DAISY		6.2 NAME	D PELKONEN, ED	
STREET ADDRESS	3150 N SEACREST BLVD		6.3 STREET ADDRESS	420 N. 5th. STREET	
CITY-ST-ZIP	BOYNTON BEACH FL		6.4 CITY-ST-ZIP	LANTANA, FLORIDA 33462	

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 FRANK A. KREIDLER DATE 4-3-97

CR2E037 (9/96)