

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</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</b>		3. Date Incorporated or Qualified <b>03/29/1971</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-6153316</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>		Country <b>25</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country <b>25</b>		Zip <b>29</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANK A. KREIDLER  
1124 S FEDERAL HWY  
LAKE WORTH FL 33460**

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

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	<b>T</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERSON, ROBERT</b>	1.2 NAME	<b>Maule, Donald</b>
STREET ADDRESS	<b>3150 N SEACREST BLVD</b>	1.3 STREET ADDRESS	<b>1412 Ontario Drive</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	1.4 CITY-ST-ZIP	<b>Lake Worth, Fla. 33461</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARMSTRONG, GEORGE L</b>	2.2 NAME	<b>Collins, Richard</b>
STREET ADDRESS	<b>1300 S BROADWAY</b>	2.3 STREET ADDRESS	<b>1414 So "N" St.</b>
CITY-ST-ZIP	<b>LANTANA FL</b>	2.4 CITY-ST-ZIP	<b>Lake Worth, Fla. 33460-5728</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLINS, RICHARD</b>	3.2 NAME	<b>Collins, Imogene</b>
STREET ADDRESS	<b>1414 S. "N" ST.</b>	3.3 STREET ADDRESS	<b>1414 So. "N" St.</b>
CITY-ST-ZIP	<b>LAKEWORTH FL</b>	3.4 CITY-ST-ZIP	<b>Lake Worth, Fla. 33460-5728</b>
TITLE	<b>FVP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGLOIS, EDROSE (ED)</b>	4.2 NAME	
STREET ADDRESS	<b>418 NO BROADWAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANSEY, CAROL</b>	5.2 NAME	<b>Tischofer, Russell</b>
STREET ADDRESS	<b>3216 ORANGE ST</b>	5.3 STREET ADDRESS	<b>6160 Seren Run</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	5.4 CITY-ST-ZIP	<b>Lake Worth, Fla. 33461</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PELKONEN, ED</b>	6.2 NAME	
STREET ADDRESS	<b>420 N 5TH ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA FL</b>	6.4 CITY-ST-ZIP	

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 by or an attachment with an address.

SIGNATURE:

**Richard D. Collins, Secretary**

**1/26/98 (561) 588-3770**

CR25037 (10/97)