


FILE NOW: FILING FEE IS \$61.25

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Mar 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 720607					
1. Corporation Name LANTANA LIONS CLUB OF LANTANA, FLORIDA, INC.					
Principal Place of Business 1000 BROADWAY P.O. BOX 3941 LANTANA FL 33462			Mailing Address 1000 BROADWAY P.O. BOX 3941 LANTANA FL 33462		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/29/1971 4. FEI Number 59-6153316 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FRANK A. KREIDLER 1124 S FEDERAL HWY LAKE WORTH FL 33460			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input checked="" type="checkbox"/> DELETE NAME MAULE, DONALD STREET ADDRESS 1412 ONTARIO DRIVE CITY-ST-ZIP LAKE WORTH FL 33461			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME MAULE, DONALD 1.3 STREET ADDRESS 1412 ONTARIO DRIVE 1.4 CITY-ST-ZIP LAKE WORTH, FL. 33461		
TITLE <input checked="" type="checkbox"/> DELETE NAME COLLINS, RICHARD STREET ADDRESS 1414 S "N" ST CITY-ST-ZIP LAKE WORTH FL 33460			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME GEORGE L. ARMSTRONG 2.3 STREET ADDRESS 1300 S, BROADWAY #29 2.4 CITY-ST-ZIP LANTANA, FL. 33462		
TITLE <input checked="" type="checkbox"/> DELETE NAME COLLINS, IMOGENE STREET ADDRESS 1414 S "N" ST CITY-ST-ZIP LAKE WORTH FL 33460			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME ROBERT PERSON 3.3 STREET ADDRESS 3150 N. SEACREST BLVD. 3.4 CITY-ST-ZIP BOYNTON BEACH, FL. 33435		
TITLE <input checked="" type="checkbox"/> DELETE NAME FVP LANGLOIS, EDROSE (ED) STREET ADDRESS 418 NO BROADWAY CITY-ST-ZIP LANTANA FL			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME RUSSELL TISCHOFER 4.3 STREET ADDRESS 6160 SEREN RUN 4.4 CITY-ST-ZIP LAKE WORTH, FL. 33463		
TITLE <input checked="" type="checkbox"/> DELETE NAME TISCHOFER, RUSSELL STREET ADDRESS 6160 SEREN RUN CITY-ST-ZIP LAKE WORTH FL 33461			5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME ANNA AMBROSE 5.3 STREET ADDRESS 2125 LAKE BASS CIRCLE 5.4 CITY-ST-ZIP LAKE WORTH, FL. 33461		
TITLE <input checked="" type="checkbox"/> DELETE NAME PELKONEN, ED STREET ADDRESS 420 N 5TH ST CITY-ST-ZIP LANTANA FL			6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME PATRICIA ARMSTRONG 6.3 STREET ADDRESS 1300 S. BROADWAY #29 6.4 CITY-ST-ZIP LANTANA, FL. 33462		

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, or on an attachment with an address with all other like empowered.

SIGNATURE:

DONALD MAULE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

Date

(561) 586-4271

Daytime Phone #

CR2E037 (1/198)