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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -3 PM 6:08

DOCUMENT # 722156 (7)

1. Corporation Name

LION'S CLUB OF ENGLEWOOD, INC.

Principal Place of Business

Mailing Address

4611 PLACIDA ROAD  
P. O. BOX 5251  
ENGLEWOOD FL 34224

4611 PLACIDA ROAD  
P. O. BOX 5251  
ENGLEWOOD FL 34224

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                   |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 3. Date Incorporated or Qualified<br>11/24/1971                                                                                                                   | 3a. Date of Last Report<br>04/14/1994    |
| 4. FEI Number<br>59-1867533                                                                                                                                       | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                      | \$8.75 Additional<br>Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                             | \$5.00 May Be<br>Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status<br><input checked="" type="checkbox"/>                                                                       | \$68.75 Supplemental<br>Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                          |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |

9. Name and Address of Current Registered Agent

DAVIES, GEORGE R  
1685 EDISON DR  
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| 85 Zip Code                                           |

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*George R. Davies*

George R. Davies

3/29/95

DATE

12. OFFICERS AND DIRECTORS

|                 |                            |
|-----------------|----------------------------|
| TITLE           | P                          |
| NAME            | JOHNSON, STEPHEN           |
| STREET ADDRESS  | 7419 CLEARWATER ST         |
| CITY - ST - ZIP | ENGLEWOOD, FL 00000        |
| TITLE           | S                          |
| NAME            | SAMMONS, PATRICIA          |
| STREET ADDRESS  | 1900C SHADOW LN            |
| CITY - ST - ZIP | ENGLEWOOD FL               |
| TITLE           | T                          |
| NAME            | DAVIES, GEORGE R           |
| STREET ADDRESS  | 1685 EDISON DR             |
| CITY - ST - ZIP | ENGLEWOOD FL               |
| TITLE           | VP                         |
| NAME            | BEERS, LARRY               |
| STREET ADDRESS  | 8080 CASA DE MEADOWS       |
| CITY - ST - ZIP | ENGLEWOOD FL               |
| TITLE           | D                          |
| NAME            | WILDE, ALBERT              |
| STREET ADDRESS  | 8801 GASPARILLA PINES BLVD |
| CITY - ST - ZIP | ENGLEWOOD FL               |
| TITLE           | D                          |
| NAME            | DUNNING, RICHARD           |
| STREET ADDRESS  | 2039 ARKANSAS AVE          |
| CITY - ST - ZIP | ENGLEWOOD FL               |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |                             |                                                                              |
|---------------------|---|-----------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | P | Larry Beers President       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   | Larry Beers                 |                                                                              |
| 1.3 STREET ADDRESS  |   | 8080 Casc D8 Meadows        |                                                                              |
| 1.4 CITY - ST - ZIP |   | Englewood, FL 34224         |                                                                              |
| 2.1 TITLE           | S | Sammons, Patricia           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |   | Sammons, Patricia           |                                                                              |
| 2.3 STREET ADDRESS  |   | 1900-6 Shadow Lane          |                                                                              |
| 2.4 CITY - ST - ZIP |   | Englewood, FL 34224         |                                                                              |
| 3.1 TITLE           |   | Treasurer                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   | Patricia Myers              |                                                                              |
| 3.3 STREET ADDRESS  |   | 10550 Alpaca Circle         |                                                                              |
| 3.4 CITY - ST - ZIP |   | Englewood, FL 33981         |                                                                              |
| 4.1 TITLE           |   | Director                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |   | Albert Wilde                |                                                                              |
| 4.3 STREET ADDRESS  |   | 8801 Gasparilla Pines Blvd. |                                                                              |
| 4.4 CITY - ST - ZIP |   | Englewood, FL 34224         |                                                                              |
| 5.1 TITLE           |   | Director                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   | George R. Davies            |                                                                              |
| 5.3 STREET ADDRESS  |   | 1685 Edison Dr.             |                                                                              |
| 5.4 CITY - ST - ZIP |   | Englewood, FL 34224         |                                                                              |
| 6.1 TITLE           | D | Catherine Beard             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   | Catherine Beard             |                                                                              |
| 6.3 STREET ADDRESS  |   | 1335 Blue Heron Dr.         |                                                                              |
| 6.4 CITY - ST - ZIP |   | Englewood, FL 34224         |                                                                              |

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*George R. Davies* George R. Davies

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/95 (813) 474-9061