

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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P. O. BOX 5251
ENGLEWOOD FL 34224

3. Date Incorporated or Qualified
11/24/1971

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1867533

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIES, GEORGE R
1685 EDISON DR
ENGLEWOOD FL 34224

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

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 P ☒ DELETE
NAME BEERS, LARRY
STREET ADDRESS 8080 CASC D8 MEADOWS
CITY-ST-ZIP ENGLEWOOD FL

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Miller, Gary
1.3 STREET ADDRESS 9371 Heartwellville Ave.
1.4 CITY-ST-ZIP Englewood, FL 34224

TITLE S ☐ DELETE
NAME SAMMONS, PATRICIA
STREET ADDRESS 1900-6 SHADOW LANE
CITY-ST-ZIP ENGLEWOOD FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☒ DELETE
NAME MYERS, PATRICIA
STREET ADDRESS 10550 ALPACA CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL

3.1 TITLE T ☒ Change ☐ Addition
3.2 NAME Davies, George R.
3.3 STREET ADDRESS 1685 Edison Dr.
3.4 CITY-ST-ZIP Englewood, FL 34224

TITLE D ☐ DELETE
NAME WILDE, ALBERT
STREET ADDRESS 6601 GASPIRILLA PINES BOULEVARD
CITY-ST-ZIP ENGLEWOOD FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME DAVIES, GEORGE R
STREET ADDRESS 1685 EDISON DRIVE
CITY-ST-ZIP ENGLEWOOD FL

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Dunning, Richard
5.3 STREET ADDRESS 2039 Arkansas Ave.
5.4 CITY-ST-ZIP Englewood, FL 34224

TITLE D ☒ DELETE
NAME BEARD, CATHERINE
STREET ADDRESS 1335 BLUE HERON DRIVE
CITY-ST-ZIP ENGLEWOOD FL

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME Etz, Catherine
6.3 STREET ADDRESS 174 Fairway Rd.
6.4 CITY-ST-ZIP Rotunda West, FL 33947

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 119.07(3)(k), 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: George R. Davies George R. Davies

3/4/96 (941) 474-9061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)