

FILE NOW: FILING FEE IS \$61.25

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cl Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722156 (7)

1. Corporation Name

LION'S CLUB OF ENGLEWOOD, INC.



Principal Place of Business 4611 PLACIDA ROAD P. O. BOX 5251 ENGLEWOOD FL 34224	Mailing Address <del>4611 PLACIDA ROAD</del> P. O. BOX 5251 ENGLEWOOD FL 34224-0251
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3. Date Incorporated or Qualified 11/24/1971	3a. Date of Last Report 03/07/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1867533	Applied For Not Applicable
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
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 DAVIES, GEORGE R 1685 EDISON DR ENGLEWOOD FL 34224	
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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 George R Davies (NOTE: Registered Agent signature required when reinstating) DATE 1/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GARY	1.2 NAME	
STREET ADDRESS	9371 HEARTWELLVILLE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMMONS, PATRICIA	2.2 NAME	
STREET ADDRESS	1900-6 SHADOW LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, GEORGE R	3.2 NAME	
STREET ADDRESS	1685 EDISON DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDE, ALBERT	4.2 NAME	
STREET ADDRESS	6601 GASPIRILLA PINES BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNING, RICHARD	5.2 NAME	
STREET ADDRESS	2039 ARKANSAS AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETZ, CATHERINE	6.2 NAME	
STREET ADDRESS	174 FAIRWAY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROTUNDA WEST FL	6.4 CITY-ST-ZIP	

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 George R Davies 1/16/97

CR2E037 (9/96)