

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722156

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

PO BOX 5251
ENGLEWOOD FL 34224
US

FILED
Mar 02, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

29

Country

30

3. Date Incorporated or Qualified

11/24/1971

4. FEI Number

59-1867533

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees
Trust Fund Contribution

9. Name and Address of Current 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

George R. Davies

1/22/99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWLEY, MIKE		1.2 NAME	Gary Nieskes	
STREET ADDRESS	1050 CAPLES ST		1.3 STREET ADDRESS	56 S. Buena Vista Ave	
CITY-ST-ZIP	ENGLEWOOD FL 34223		1.4 CITY-ST-ZIP	Englewood, FL 34224	
TITLE	S	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GARY		5.2 NAME		
STREET ADDRESS	9371 HEARTWELL VILLE AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34224		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George R. Davies

1/22/99

Daytime Phone #

CR2E037 (11/98)