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**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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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
Signature, typed or printed name of registered agent and title if applicable.

George R. Davies

1/22/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME CROWLEY, MIKE
STREET ADDRESS 1050 CAPLES ST
CITY-ST-ZIP ENGLEWOOD FL 34223

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

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

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

TITLE D ☐ DELETE
NAME MILLER, GARY
STREET ADDRESS 9371 HEARTWELVILLE AVE
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE D ☐ DELETE
NAME ETZ, CATHERINE
STREET ADDRESS 174 FAIRWAY ROAD
CITY-ST-ZIP ROTUNDA WEST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Gary Nieskes
1.3 STREET ADDRESS 56 S. Buena Vista Ave
1.4 CITY-ST-ZIP Englewood, FL 34224

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: George R. Davies
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

Daytime Phone #

CR2E037 (11/98)